

**SECRET**

# Official Personnel Folder

**SECRET**



68 APR ENID

PICCOLO JOSEPH S

QUALIFICATIONS



SECRET OP/IRB

22 C54 1500

REQUEST FOR PERSONNEL ACTION									
1. NAME (LAST, FIRST, MIDDLE)		2. NAME TYPE		3. DATE PREPARED (MO, DA, YR)		4. DATE OF BIRTH (MO, DA, YR)		5. CITIZEN	
265441914		PICCCLU JOSEPH S		T		12-08-35		M U	
7. RETIREMENT		8. SERV. COMP. DATE (MO, DA, YR)		9. LONG. COMP. DATE (MO, DA, YR)		10. DATE OF GRADE (MO, DA, YR)		11. LST. DATE (MO, DA, YR)	
1. CSC 4. BIRTH CODE		2. PICA 5. GRADES		3. IS 6. CSC. RE		7. OTHER		8. OTHER	
5		12-27-54		12-24-57		02-04-73		01-28-79	
14. NATURE OF PERSONNEL ACTION				15. EFFECTIVE DATE (MO, DA, YR)		16. AFFILIATION			
PROMOTION				050480		STAFF EMPLOYEE-CAREER			
17. ORGANIZATIONAL DESIGNATIONS (FROM)				17. ORGANIZATIONAL DESIGNATIONS (TO)					
CDC /CIS OPERATIONS GROUP SPECIAL OPERATIONS BRANCH				DDO/IAD COVERT ACTION STAFF AREA OPERATIONS BRANCH AREA SECTION					
18. LOCATION OF OFFICIAL STATION				19. HQ		20. POS. NO.		18. LOCATION OF OFFICIAL STATION	
WASHINGTON, D.C.				1		GK067		C/CI/SP	
21. EMPLOYEE OCCUPATIONAL TITLE				22. SUFFIX		23. SERVICE DESIG.		21. EMPLOYEE OCCUPATIONAL TITLE	
OPERATIONS OFFICER				DAC				C/CI/SP	
24. SCHEDULE		25. SSC SERIALIZED		26. GRADE		27. STEP		28. SALARY & PAY BASIS	
GS		0136.01		13		7		35249 PA 80	
30. TOUR		31. PROJECT NO.		32. FLCA		33. WCA		34. SSC	
F		270172		E		P		14 4 38184 PA	
35. POSITION OCCUPATIONAL TITLE				36. PERSONAL RANK ASSIGNMENT		37. PERSONAL RANK ASSIGNMENT		38. POSITION OCCUPATIONAL TITLE	
OPERATIONS OFFICER				CODE		NTE (MO, DA, YR)		CODE	
39. POSITION DATA				40. SUFFIX		41. SSC		42. EMPLOYEE OVERSEER	
GS 14 G				P				C/CI/SP	
43. REMARKS									
REASSIGNMENT - CHANGE OF HOME BASE ACTION RECENTLY PROCESSED - EFF DATE: 4/15/80									
CONCUR: [ ] (TELECORD) 4/11/80									
IAD/PERS									
136165									
44. STATION CODE				45. SIGNATURE OF CAREER SERVICE APPROVING OFFICER					
44. STATION CODE				C/CI/SP 11 Apr 80					
45. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				CM/13 11 Apr 80					
46. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				4/29/80					



SECRET

UP/IRB

16 Apr 1980

A. 31  
4-16-80

REQUEST FOR PERSONNEL ACTION										DATE PREPARED MO DA YR 040480		CONTROL NO 201	
1 NAME (LAST, FIRST, MIDDLE) <b>PICCOLO JOSEPH S</b>		2 NAME TYPE <b>T</b>		3 DATE OF BIRTH MO DA YR <b>12-08-35</b>		4 SEX <b>M</b>		5 CITIZEN <b>U</b>		6 ANNUITY STATUS USA			
7 RETIREMENT 1 CSN 2 FICA 3 IS		8 SERA COMP DATE MO DA YR <b>12-27-54</b>		9 LONG COMP DATE MO DA YR <b>12-24-57</b>		10 DATE OF GRADE MO DA YR <b>02-04-73</b>		11 LFI DATE MO DA YR <b>01-28-79</b>		12 VETERAN'S PREFERENCE 0 NONE 1 5 PT 2 10 PT 3 10 PT COMP 4 10 PT OTHER <b>0</b>			
13 NATURE OF PERSONNEL ACTION <b>CHANGE OF HOME BASE REASSIGNMENT</b>						14 EFFECTIVE DATE MO DA YR <b>041580</b>							
15 FROM <b>DDC /CIS OPERATIONS GROUP SPECIAL OPERATIONS BRANCH</b>						16 TO <b>DDO/IAD COVERT ACTION STAFF AREA OPERATIONS BRANCH AREA SECTION</b>							
17 LOCATION OF OFFICIAL STATION <b>WASHINGTON, D.C.</b>				18 HQ <b>1 CR067</b>				19 POS NO <b>CT089</b>					
20 EMPLOYEE OCCUPATIONAL TITLE <b>OPERATIONS OFFICER</b>				21 SUFFIX <b>DAL</b>				22 SERVICE DESIG <b>DWC</b>					
23 SCHEDULE <b>GS</b>		24 OCC SERIES <b>CLJ6.01</b>		25 GRADE <b>13</b>		26 STEP <b>7</b>		27 SALARY & PAY BASIS <b>35249 PA 80</b>		28 TOUR <b>F 270172 E</b>			
29 POSITION DATA SCHEDULE GRADE <b>GS 14 C</b>		30 SUFFIX <b>P</b>		31 SCC <b>P</b>		32 DEVELOPMENT COMPLEMENT CODE NTE (MO DA YR) <b>244163</b>		33 POSITION DATA SCHEDULE GRADE <b>GS 14 D</b>		34 SUFFIX <b>-</b>			
35 POSITION DATA SCHEDULE GRADE <b>GS 14 C</b>		36 SUFFIX <b>P</b>		37 SCC <b>P</b>		38 DEVELOPMENT COMPLEMENT CODE NTE (MO DA YR) <b>024-30-9618</b>		39 POSITION DATA SCHEDULE GRADE <b>GS 14 D</b>		40 SUFFIX <b>-</b>			
41 REMARKS <b>CONCUR: [Redacted] (Telecord)</b>		42 FROM CIS		43 DATE <b>4 April 1980</b>		44 I Agree To Change My Home Base from A (CIS) to W (IAD).		45 CONCUR: [Redacted]		46 DATE <b>7 Apr 80</b>			
47 FOR OFFICE OF PERSONNEL USE ONLY 48 ACTION NTE MO DA YR <b>IAD</b>		49 VARIABLE DATA 48 OVERIDE CODES		50 STATION CODE 49 REMARKS CODES		51 SIGNATURE OF REQUESTING OFFICER <b>Joseph Piccolo</b>		52 DATE <b>7 April 80</b>		53 SIGNATURE OF CAREER SERVICE APPROVING OFFICER <b>CM/13</b>			
54 SPEC REF 1 2 NAME <b>ILV</b>		55 POSITION CONTROL CERTIFICATION DATE <b>4-17-80</b>		56 SIGNATURE OF OFFICE OF PERSONNEL <b>4-17-80</b>		57 DATE <b>10 April 80</b>		58 DATE <b>4-17-80</b>		59			

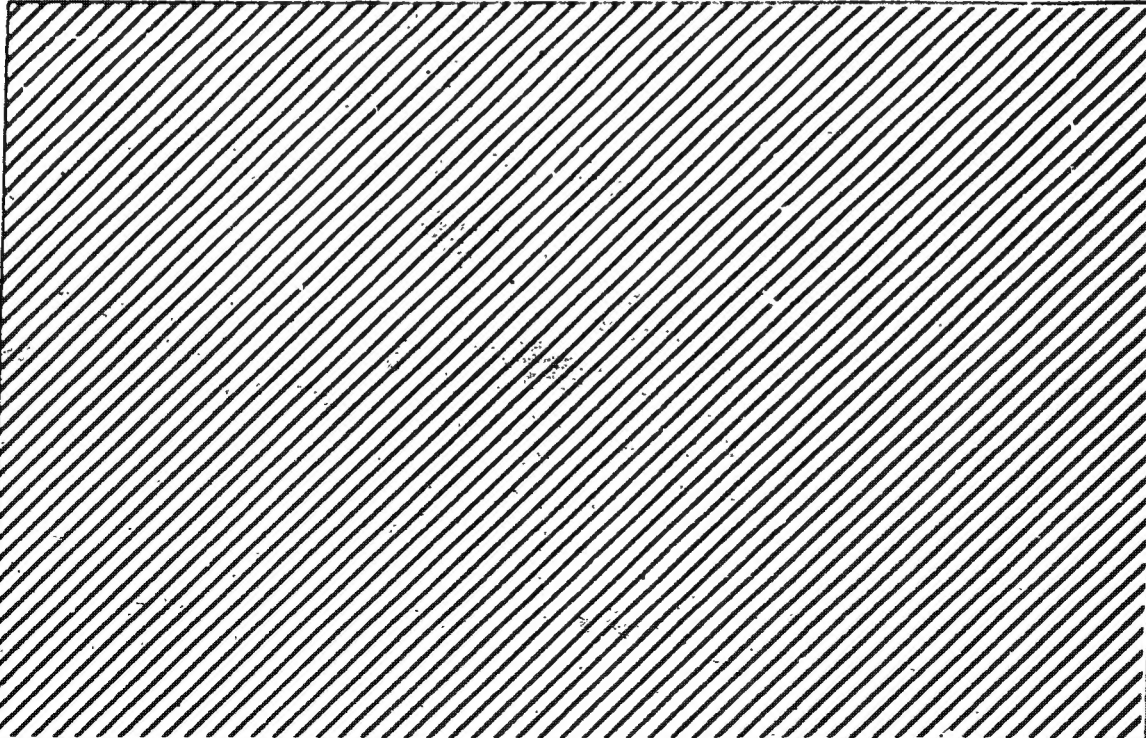
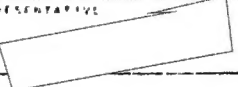
FORM 1152, 8-79 USE PREVIOUS EDITIONS

SECRET

U.S. GOVERNMENT PRINTING OFFICE: 1979 O-333-316 BY 041886



## ADMINISTRATIVE - INTERNAL USE ONLY

		
NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT	CLAIM NUMBER
PICCOLO, Joseph S., Jr.	self	79-0126
<p>There is on file in the Personal Affairs Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on <u>10/5/78</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE	SIGNATURE OF BSS REPRESENTATIVE	
17 Nov 1978		
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		



(U) No find for

<div style="display: flex; justify-content: space-between;"> <div> <p>76</p> <p><b>REQUEST FOR PERSONNEL ACTION</b></p> </div> <div> <p>DATE PREPARED</p> <p>25 Nov 1977</p> </div> </div>									
1. SERIAL NUMBER		2. NAME (Last-First-Middle)							
025658		PICCOLO, JOSEPH S.							
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE REQUESTED			5. CATEGORY OF EMPLOYMENT	
REASSIGNMENT - CHANGE OF FUNCTIONAL CATEGORY					MONTH DAY YEAR 11 07 77			REGULAR	
6. FUNDS		V TO V		V TO CF		7. PAY AND SOCIAL		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
		CF TO V		CF TO CF		8027 0172 0000			
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICE & STATION				
DDO/CI STAFF OPERATIONS GROUP SPECIAL OPERATIONS BRANCH					WASH., D.C.				
11. POSITION TITLE					12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION	
OPERATIONS OFFICER					GK67			DAS	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE		
GS			0156.01		13 5		\$ 29,490		
18. REMARKS									
I CONCUR IN THE CHANGE OF MY CATEGORY FROM B/OG TO B/CS.  Joseph S. Piccolo 23 Nov 77 Date <del>limited position</del> <del>already filled</del> CMS/MSK 0 13/03/77									
18A. SIGNATURE OF REQUESTING OFFICIAL					DATE SIGNED		18B. SIGNATURE		DATE SIGNED
C/PCS/CSS/Pers					11/24/77		CM 13		12/1/77
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGRATE CODE	
37		10		NUMERIC ALPHABETIC 31400 C15		75013		24. MOOTHS CODE 1	
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. DATE OF BIRTH		29. DATE OF GRADE	
12 08 35						12 08 35			
30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION (AMOUNT, DATE)		33. SECURITY REG NO		34. SEX	
1-CC 2-ORGS 3-FILA 4-WORK				TYPE 1-NO 2-YES		EOD DATA			
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. GRADE CATEGORY		39. FEEL HEALTH INSURANCE	
CODE 0-NO 1-5 Y 2-10 Y						CODE 1-YES 2-NO		HEALTH INS CODE 1-YES 2-NO	
40. PREVIOUS (CIVILIAN) GOVERNMENT SERVICE				41. LEAVE CAT CODE		42. FEDERAL TAX DATA		43. STATE TAX DATA	
CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)						CODE 1-YES 2-NO		CODE 1-YES 2-NO	
44. POSITION CONTROL CERTIFICATION						45. DATE APPROVED			
12-2-77 AEO						72			



12 JUN 1978

Dear Joseph,

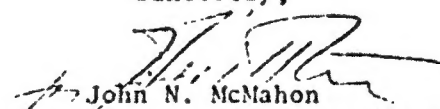
Please accept my appreciation for an assignment well done as a member of the FY 1978 GS-07 Secretarial/Clerical DO Personnel Evaluation Boards from 17 April through 19 May 1978.

I well recognize the complexities involved in the comparative evaluation of ☐ clerical careerists -- a task further complicated by this being only the second year it has been undertaken. Your deliberations were vital to the Directorate's determination to bring to this group of valuable employees the advantages of the merit system.

Full-time service with the Evaluation Boards represents a major contribution to the Directorate's program of personnel assessment and management. Not only were your promotion recommendations valued, but recommendations for career development and training were also extremely helpful.

I believe that your service on the Board broadened and sharpened your own focus on personnel aspects of Agency management. Too, I think that the time spent in this endeavor could only have made you better aware of our need for complete, careful and candidly written appraisals of our employees.

Sincerely,

  
John N. McMahon  
Deputy Director for Operations



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28 APR 1979

MEMORANDUM FOR: Chief, CI Staff

SUBJECT : Recommendations by the GS-13 FY 78 Evaluation Board Regarding PDP

Having carefully reviewed all personnel files of GS-13 personnel, the FY 78 DO Personnel Evaluation Board recommended that the following officer be identified in his division's Personnel Development Plan (PDP). This individual was selected because of his relatively high potential, in the estimation of the Evaluation Board, for growth to positions of leadership within the Agency.

Category BOS

Joseph Piccolo



Vice Chairman, CMS/13

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11 APR 1973

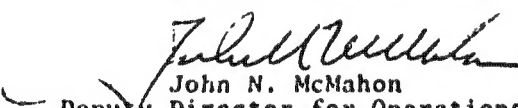
MEMORANDUM FOR: Joseph S. Piccolo

SUBJECT : Quality Step Increase

1. My congratulations on the award to you of a Quality Step Increase. This recognition of superior sustained performance reflects great credit on you and the job you have been doing.

2. I am confident that your future performance will be of continuing high quality.

With personal best wishes,

  
John N. McMahon  
Deputy Director for Operations

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E2 IMPDET  
CL BY 059687



CONFIDENTIAL

23 February 1978

MEMORANDUM FOR: Director of Personnel

FROM: [REDACTED]  
A/Chairman, DO Personnel Evaluation Boards

VIA: Chief, Career Management Staff

SUBJECT: Recommendation for Quality Step Increase  
for Joseph S. Piccolo (CI)

1. Mr. Piccolo joined the Agency in 1957 and since then has served 12 years as a field case officer in [REDACTED] and [REDACTED] as well as tours at Headquarters in LA Division and currently on the CI Staff. He was promoted to GS-13 on 4 February 1973.

2. Mr. Piccolo has performed in a strong to outstanding manner during the past year as described in his fitness report covering the period October 1976 to September 1977. He was engaged during this period in a number of CI projects, including [REDACTED]

He also was called upon to support CI activities [REDACTED] and "he executed these assignments with a singular degree of professionalism." He recently also organized and ran in [REDACTED] the Station involved described the effort "as an outstanding contribution." During the previous fitness report period he participated in two [REDACTED] and [REDACTED] and because of this experience he was recently named to head another [REDACTED] in the future.

3. It is the view of the Fiscal Year 1978 GS-13 DO Personnel Evaluation Board that Mr. Piccolo has performed in a sustained high manner which exceeds the normal requirements of his position and that this sustained high performance promises to continue. He is, therefore, recommended for a Quality Step Increase.



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SUBJECT: Recommendation for Quality Step Increase  
for Joseph S. Piccolo (CI)

CONCUR:

\_\_\_\_\_  
Chief, CI Staff / Date

APPROVED:

2/2/81  
\_\_\_\_\_  
Director of Personnel / Date

2.

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MEMORANDUM FOR: Joseph S. Piccolo

SUBJECT : Acknowledgment of Evaluation Board Functional Category

REFERENCE : Evaluation Board Precepts for Your Grade

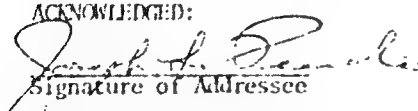
1. Based upon an examination of your past assignments and duties, and after considering likely future assignments, you have been placed (subject to your signature below) in the functional category B/OS for Evaluation Board purposes. Precise definitions of this category are contained in the Evaluation Board precepts for your grade. This placement is made in order that your performance, growth potential, and career planning may be judged against officers similarly placed professionally. YOU ARE URGED TO STUDY THE PRECEPTS AND CONSIDER YOUR OWN CASE CAREFULLY.

2. In general, you should consider the following:
  - a. Categories are sharply defined. Competition is within categories, not between them. Thus, a weak B/OS performance is not strengthened by reclassifying it as B/OS.
  - b. A change in category after sustained performance in a different category may cause a temporary loss of momentum in your career advancement until you have demonstrated proficiency in your new assignment.
  - c. A category change should not be initiated for the period of a temporary, training or rotational assignment unless a permanent change of career track will follow.

3. If you believe that this is not the correct category for you because the substantive nature of your job more closely approximates another category or because you have made a permanent change of career track, please take the matter up through your command channel to secure the concurrence of your component of assignment or of your home base component, as appropriate, to a change of your category. Previously assigned and acknowledged categories will remain in effect until a fully executed acknowledgment of change is received by the Career Management Staff.

4. Please sign and date this notification in the space provided and return it to your Personnel Evaluation and Management Officer or to your Personnel Officer.

ACKNOWLEDGED:

  
Signature of Addressee

29 Nov 77  
Date

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SECRET

9 NOV 1977

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER 025658		2. NAME (Last-First-Middle) PICCOLI, JOSEPH S.								2 NOVEMBER 1977	
3. NATURE OF PERSONNEL ACTION PLACEMENT					4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 01 77			5. CATEGORY OF EMPLOYMENT REGULAR			
6. PAGES 1 TO 1 2 TO 2		7. PAY AND BENEFITS 8027 0172 0000			8. LEGAL AUTHORITY (Completed by Office of Personnel)						
9. ORGANIZATIONAL DESIGNATIONS DDO/CI STAFF OPERATIONS GROUP SPECIAL OPERATIONS BRANCH					10. LOCATION OF OFFICIAL STATION WASH., D.C.						
11. POSITION TITLE OPERATIONS OFFICER (14)					12. POSITION NUMBER GNO			13. CAREER SERVICE DESIGNATION DAG			
14. CLASSIFICATION SCHEDULE (GS, FS, etc.) GS		15. OCCUPATIONAL SERIES 0136.01			16. GRADE AND STEP 13 5			17. SALARY OR RATE \$ 29,490			
18. REMARKS											
<div style="display: flex; justify-content: space-between;"> <div> <p>DATE SIGNED</p> <p>11/2/77</p> <p>C/PCS/CSS/Ters</p> </div> <div> <p>DATE SIGNED</p> <p>11/7/77</p> </div> </div>											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 37 10	20. EMPLOY CODE 31400	21. OFFICE CODING NUMERIC ALPHABETIC CIS	22. STATION CODE 75013	23. OFFICE CODE 1	24. MONTHS 12	25. DATE OF BIRTH MO DA YR 12 05 13	26. DATE OF GRADE MO DA YR	27. DATE OF LEI MO DA YR			
28. DATE EXPIRES MO DA YR	29. SPECIAL REFERENCE 1-ESC 2-DESB 3-FCS 4-RCR	30. RETIREMENT DATA CODE	31. SCREENING DATA CODE CODE	32. CONNECTION LIMITATION DATA MO DA YR	EOD DATA			33. SECURITY RCR NO	34. SEX		
35. NET PREFERENCE CODE 1-NO 2-5 PT 3-10 PT	36. SERV COMP DATE MO DA YR	37. LOAS COMP DATE MO DA YR	38. "JARED" CATEGORY CODE 1-NO 2-YES	39. LEGAL HEALTH INFORMATION CODE 1-NO 2-YES 3-SEE OPT 4-UNAVAILABLE	40. SOCIAL SECURITY NO						
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 1-NO PREVIOUS SERVICE 2-NO BONUS IN SERVICE 3-BONUS IN SERVICE (LESS THAN 3 YEARS) 4-BONUS IN SERVICE (MORE THAN 3 YEARS)			42. LEAVE CAT CODE	43. WORKING TIME DATA CODE 1-NO 2-YES			44. STATE TAX DATA CODE 1-YES 2-NO		45. STATE CODE		
46. PAYMENT CONTROL CERTIFICATION 11/2/77 AER										DATE APPROVED 10 NOV 1977	

FORM 1152 USE PREVIOUS EDITION

SECRET

E 2, IMPDET CL. BY. 007622



[ ] October 1977

IN424833  
[ ]

MEMORANDUM FOR THE RECORD:

[ ] officials join station in extending appreciation to Joseph Piccolo for his outstanding contribution to the current task [ ] the KDSLEUTHS [ ] organization.

Their high degree of enthusiasm was matched only by the professional way in which they prepared their instruction material, the ingenuity of their delivery, and above all the high impact that they had on the students and their superiors.

Wish to complement the above two colleagues for a job well done and for having upheld in their own respective fields the high standards and prestige of the Agency in our eyes and in those of [ ]

Request that a copy of this cable be placed in their respective personnel files.



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27 October 1977

MEMORANDUM FOR: Career Management Staff

SUBJECT : Request for Change of Career Designation  
to B/OS-Operational Specialist from B/OG-  
Operational Generalist

1. It is requested that my career designation be changed to B/OS-Operational Specialist from that of B/OG-Operational Generalist. It is believed that the career activities and recent events described below clearly meet the criteria set forth in the Career Service Personnel Evaluation System Handbook.

2. In July 1977, I changed my home base from Latin America Division to the Counterintelligence Staff. This change of home base was precipitated by the cancellation of a planned overseas tour in Latin America which was scheduled to begin in July 1977. The cancellation of the tour was caused

3. The following is a career summary noting Operational Specialist related activities only:

January 1976 - Present	CI Staff
August 1975 - August 1975	[redacted] Station, (Spanish language)
August 1972-June 1973	[redacted] Base, for a Special Project [redacted] language)
February 1969-December 1969	Liaison Officer, Headquarters, Latin America Division/Cuban Operations [redacted] [redacted]
April 1968-January 1969	[redacted] Station, (Spanish language)
August 1962-August 1965	Counterintelligence Section, Headquarters, Latin America Division, Cuban Task Force [redacted] [redacted] (Spanish language)

12 INPDL  
BY 025758

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4. Based on the above history and more recent activities since joining the CI Staff, I believe my career development and potential will be better realized as an Operational Specialist.

*Joseph S. Piccolo Jr.*  
Joseph S. Piccolo Jr.

ENCLOSURE:



CM-13

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CABLE NO. 25 PER TOTAL COPIES 24/1 RUN BY Joseph Piccolo  
 PERSONNEL NOTIFIED SECRET REPRODUCTION BY OTHER THAN ISSUING OFFICE IS PROHIBITED  
 DISTANCE COPY ISSUED/SLOTTED STAFF  
 ACTION UNIT 1 2 3 4 5 6  
 ACTION 1 2 3 4 5 6  
 T 232134 E14995 PAGE 01 IN 424633  
 272721242 OCT 77

SECRET 272722Z OCT 77 STAFF  
 CITE [REDACTED] (BERG ACTING)

TO: DIRECTOR,

KNINTEL KDSLEUTH SGC HART ADMIN RECORDS

1. [REDACTED] OFFICIALS JOIN STATION IN EXTENDING APPRECIATION  
 TO [REDACTED] AND [REDACTED] FOR THEIR  
 OUTSTANDING CONTRIBUTION TO THE CURRENT TASK [REDACTED]  
 THE KDSLEUTHS [REDACTED]  
 ORGANIZATION.

2. THEIR HIGH DEGREE OF ENTHUSIASM WAS MATCHED ONLY BY THE  
 PROFESSIONAL WAY IN WHICH THEY PREPARED THEIR INSTRUCTION MATERIAL,  
 THE INGENUITY OF THEIR DELIVERY, AND ABOVE ALL THE HIGH IMPACT THAT  
 THEY HAD ON THE STUDENTS AND THEIR SUPERIORS.

3. WISH TO COMPLEMENT THE ABOVE TWO COLLEAGUES FOR A JOB WELL  
 DONE AND FOR HAVING UPHELD IN THEIR OWN RESPECTIVE FIELDS THE HIGH  
 STANDARDS AND PRESTIGE OF THE AGENCY IN OUR EYES AND IN THOSE OF [REDACTED]

4. REQUEST THAT A COPY OF THIS CABLE BE PLACED IN THEIR  
 RESPECTIVE PERSONNEL FILES.

5. FILE: 52-6-180/2, E14995.

SECRET



SECRET  
(When Filled In)

08 JUL 1977

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 24 June 1977	
1. SERIAL NUMBER 025658		2. NAME (Last-First-Middle) PICCOLO, JOSEPH S.									
3. NATURE OF PERSONNEL ACTION REASSIGNMENT-CHANGE OF HOME BASE						4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 06 19 77		5. CATEGORY OF EMPLOYMENT REGULAR ✓			
6. FUNDS V TO V CF TO V		V TO CF CF TO CF		7. FAN AND NSCA 7227 0172 0000		8. LEGAL AUTHORITY (Completed by Office of Personnel)					
9. ORGANIZATIONAL DESIGNATIONS DIO/CI STAFF OPERATIONS GROUP SPECIAL OPERATIONS BRANCH						10. LOCATION OF OFFICIAL STATION WASHINGTON, D. C.					
11. POSITION TITLE OPERATIONS OFFICER				12. POSITION NUMBER EP93 ✓		13. CAREER SERVICE DESIGNATION DAG ✓					
14. CLASSIFICATION SCHEDULE (GS, LB, FN, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 13 5		17. SALARY OR RATE \$27,548					
18. REMARKS I CONCUR IN THE CHANGE OF MY HOME BASE TO CI STAFF. <i>Joseph S. Piccolo</i> Joseph S. Piccolo 24 JUN 1977 Date CONCUR: John Halpin (telecord) LA/PERS 24 June 1977 Date Completed BY 07-06-77											
18A. SIGNATURE OF REQUESTING OFFICIAL <i>C/PCS/CSS/Pers</i>				DATE SIGNED 24 June 1977		DATE SIGNED 7-5-77					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 31400 C15		22. STATION CODE 75013	23. INTEGRITY CODE	24. HODGINS CODE 1	25. DATE OF BIRTH MO DA YR 12 10 35	26. DATE OF GRADE MO DA YR	27. DATE OF LEI MO DA YR		
28. RTE EXPIRES MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1-YES 2-DEFER 3-TWA 4-NONE		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO DA YR		33. SECURITY REQ NO		34. SER		
35. VET PREFERENCE CODE 1-5 PT 2-10 PT		36. SERV COMP DATE MO DA YR		37. LONG COMP DATE MO DA YR	38. CAREER CATEGORY CAR RES PROX TEMP		39. HEALTH INSURANCE CODE 1-YES 2-NO		40. SOCIAL SECURITY NO		
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 1-NO PREVIOUS SERVICE 2-DEFER 10 YEARS (151 THRU 3 YEARS) 3-DEFER 10 YEARS (151 THRU 3 YEARS) 4-DEFER 10 YEARS (151 THRU 3 YEARS)				42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS		44. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS				
45. POSITION CONTROL CERTIFICATION <i>Pua 7/6/77</i>					46. OFF APPROVAL <i>John Halpin</i>			DATE APPROVED 17 July 77			

FORM 1152 USE PREVIOUS EDITION

SECRET

82. UNPDET CL BY. 007622



☐ UNCLASSIFIED☐ INTERNAL  
ONLY☐ CONFIDENTIAL☐ SECRET

## ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM:

DDO

EXTENSION

1414

NO

DATE 27 September 1976

TO: (Officer designation, room number, and building)

DATE

RECEIVED

FORWARDED

OFFICER'S  
INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1.

C/CI

27 SEP 76

(12)

Thank you for sending me the [redacted]

2.

[redacted] and the Station's response in HPLA-13576. Both are very well done and illustrate the usefulness of [redacted]

3.

4.

5.

DC/CI [redacted]  
MR. PICCOLO

6.

C/CI/UC/AD

7.

+ STAFF

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10.

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14.

15.

cc: ADDO  
DDO/REGTo 4:  
Please circulate

u

Comment made by the DDO on the [redacted] of the [redacted] Station which was [redacted] Joseph Piccolo and [redacted]

FORM 1-62

610

USE PREVIOUS EDITIONS

☐ SECRET☐ CONFIDENTIAL☐ INTERNAL  
USE ONLY☐ UNCLASSIFIED



**SECRET**  
(When Filled In)

## REQUEST FOR PERSONNEL ACTION

DATE PREPARED

7 JULY 1976

1 SERIAL NUMBER <b>025658</b>		2 NAME (Last-First-Middle) <b>PICCOLO, JOSEPH S.</b>	
3 NATURE OF PERSONNEL ACTION <b>REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS</b>		4 EFFECTIVE DATE REQUESTED MONTH <b>07</b> DAY <b>18</b> YEAR <b>76</b>	
5 CATEGORY OF EMPLOYMENT <b>REGULAR</b>		6 FUND <b>XX</b>	
7 FAN AND NSCA <b>0227-0172 0000</b>		8 LEGAL AUTHORITY (Completed by Office of Personnel)	
9 ORGANIZATIONAL DESIGNATIONS <b>DDO/CI STAFF OPERATIONS GROUP SPECIAL OPERATIONS BRANCH</b>		10 LOCATION OF OFFICIAL STATION <b>WASH., D.C.</b>	
11 POSITION TITLE <b>OPERATIONS OFFICER (14)</b>		12 POSITION NUMBER <b>EP93</b>	
13 CAREER SERVICE DESIGNATION <b>DQG</b>		14 CLASSIFICATION SCHEDULE (GS, LB, etc.) <b>GS</b>	
15 OCCUPATIONAL SERIES <b>0136.01</b>		16 GRADE AND STEP <b>13 4</b>	
17 SALARY OR RATE <b>\$ 25,198</b>			

18 REMARKS  
FROM LA DIVISION.

VICE:

CONCUR: HENRY L. BERTHOLD (TELECOORD 07/07/76)  
C/LA/PERSONNEL

DATE SIGNED <b>07/07/76</b>	DATE SIGNED <b>7 July 76</b>
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SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19 ACTION CODE <b>PL</b>	20 EMPLOY CODE <b>10</b>	21 OFFICE CODING NUMERIC <b>31</b> ALPHABETIC <b>ADICLS</b>	22 STATION CODE <b>75013</b>	23 INTEGRITY CODE	24 HOURS CODE <b>1</b>	25 DATE OF BIRTH MO <b>12</b> DA <b>08</b> YR <b>55</b>	26 DATE OF GRADE MO DA YR	27 DATE OF LEI MO DA YR			
28 RETI EXPIRES MO DA YR	29 SPECIAL REFERENCE	30 RETIREMENT DATA 1-ESC 2-ORGR 3-FILA 4-NONE	31 SEPARATION DATA CODE	32 CORRECTION CANCELLATION DATA TYPE MO DA YR	EOD DATA			33 SECURITY REG NO	34 SEX		
35 VET PREFERENCE CODE 0-NONE 1-1 PT 2-10 PT	36 SERV COMP DATE MO DA YR	37 LONG COMP DATE MO DA YR	38 CAREER CATEGORY LAF RES POST. TEMP	39 FEGLI HEALTH INSURANCE CODE CODE 0-NONE 1-RES 2-RES/OPP 3-UNELIGIBLE	40 SOCIAL SECURITY NO						
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-BEFORE 10 SERVICE 2-BETWEEN 10 SERVICE (LESS THAN 3 YEARS) 3-BEFORE 10 SERVICE (MORE THAN 3 YEARS)			42 LEAVE CAT CODE	43 FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS	44 STATE TAX DATA FORM EXECUTED CODE MO YR STATE CODE						
45 POSITION CONTROL CERTIFICATION <b>7-12-76</b> <i>LA</i>				46 APPROVAL <i>[Signature]</i>				DATE APPROVED <b>6/7/14/76</b>			

FORM 1152 USE PREVIOUS EDITION

**SECRET**

E-2, IMPDET CL. BY: 307622



0014  
000000

SECRET  
When Filled In

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER 025658						2. NAME (Last-First-Middle) PICCOLO, JOSEPH S.	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 08 31 75		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS V TO V C TO V		7. PAY AND NSIC 6135-4534-0000		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DDO/LATIN AMERICA DIVISION CUBA OPERATIONS GROUP OPS BRANCH				10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.			
11. POSITION TITLE OPERATIONS OFFICER (14)				12. POSITION NUMBER CQ65		13. CAREER SERVICE DESIGNATION DQG	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 13 4		17. SALARY OR RATE \$23,997	
18. REMARKS FROM: DDO/LA/							
19A. SIGNATURE OF REQUESTING OFFICIAL H. L. BERTHOUD, C/LA/PERS				DATE SIGNED 20 AUG 75		19B. SIGNATURE DATE SIGNED 22 Aug 75	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 37110		20. EMPLOY CODE 3150 LA		21. OFFICE CODING NUMERIC ALPHABETIC 95013		22. STATION CODE 12-08135	
23. DATE OF BIRTH 12-08-35		24. DATE OF GRADE EOD DATA		25. DATE OF LEI		26. SECURITY REQ NO	
27. DATE OF LEI		28. DATE OF GRADE		29. DATE OF BIRTH		30. DATE OF LEI	
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SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION					DATE PREPARED	
1 SERIAL NUMBER 025658					2 NAME (Last-First-Middle) PICCOLO, JOSEPH S.	
3 NATURE OF PERSONNEL ACTION CONVERSION FROM <input type="checkbox"/> STATUS				4 EFFECTIVE DATE MONTH 08 DAY 26 YEAR 75		
5 CATEGORY OF EMPLOYMENT REGULAR				6 FUND V TO V CF TO V X CF TO CF		
7 ORGANIZATIONAL DESIGNATIONS DDO/LATIN AMERICA DIVISION FOREIGN FIELD STATION				8 LEGAL AUTHORITY (Completed by Office of Personnel) 6135-1049-0000		
9 POSITION TITLE OPS OPERATIONS OFFICER				10 LOCATION OF OFFICIAL STATION		
11 POSITION NUMBER CR49				12 CAREER SERVICE DESIGNATION DQG		
13 CLASSIFICATION SCHEDULE (G.S. I.B. IN I) GS				14 OCCUPATIONAL SERIES 0136.01		
15 GRADE AND STEP 13 4				16 SALARY OR RATE \$23,997		
17 REMARKS WAT SAME						
18A SIGNATURE OF REQUESTING OFFICIAL I. I. BERTHOLD, C/LA/PERS			DATE SIGNED 12 AUG 75		18B SIGNATURE OF OFFICER 12/8/75	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL						
19 ACTION CODE 56	20 EMPLOY CODE 10	21 OFFICE CODING 5610	22 STATION CODE 56073	23 INTEGRITY CODE 3	24 ROUTES CODE 12 68 135	
25 DATE OF BIRTH MO DA YR 12 08 135	26 DATE OF GRADE MO DA YR 1 1 1	27 DATE OF LEL MO DA YR 1 1 1	28 DATE OF BIRTH MO DA YR 12 08 135	29 DATE OF GRADE MO DA YR 1 1 1	30 DATE OF LEL MO DA YR 1 1 1	
31 VET PREFERENCE CODE 0-NO 1-1 YR 2-10 YR	32 SERV COMP DATE MO DA YR 1 1 1	33 LONG CODE DATE MO DA YR 1 1 1	34 CAREER CATEGORY TAB/RES PUCY TESP CODE 1-YES 2-NO	35 CORRECTION CANCELLATION DATA TYPE MO DA YR 1 1 1	36 SECURITY RIG NO 37 SEC 38 SOCIAL SECURITY NO	
39 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO DELAY IN SERVICE 2-DELAY IN SERVICE (LESS THAN 3 YEARS) 3-DELAY IN SERVICE (MORE THAN 3 YEARS)		40 LATE CAT CODE CODE 1-YES 2-NO	41 FEDERAL TAX DATA FORM EXECUTED CODE 1-YES 2-NO		42 STATE TAX DATA STATE TAX DATA CODE 1-YES 2-NO	
43 POSITION CONTROL CERTIFICATION OK 8/18/75			44 OP APPROVAL DATE APPROVED 8/18/75			

8-11132 USE PREVIOUS EDITION

SECRET

E-2, IMPDET CL. BY: 007622

(6)



**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>										DATE PREPARED <b>8/7/74</b>
1. SERIAL NUMBER <b>025658</b> ✓		2. NAME (Last-First-Middle) <b>PICCOLO, JOSEPH S</b> ✓								
3. NATURE OF PERSONNEL ACTION <b>CHANGE OF NSCA</b>					4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>08 19 74</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>			
6. FUNDS ▶ <input type="checkbox"/> V TO V <input type="checkbox"/> V TO CF <input type="checkbox"/> CF TO V <input checked="" type="checkbox"/> CF TO CF		7. FAN AND NSCA <b>5135 1049 0002</b>			8. LEGAL AUTHORITY (Completed by Office of Personnel)					
9. ORGANIZATIONAL DESIGNATIONS <b>DDO/WH DIVISION FOREIGN FIELD BRANCH 2- [ ] STATION [ ]</b>					10. LOCATION OF OFFICIAL STATION [ ]					
11. POSITION TITLE <b>OPS OFFICER [ ]</b>			12. POSITION NUMBER <b>13 0396</b>		13. CAREER SERVICE DESIGNATION <b>DQG</b>					
14. CLASSIFICATION SCHEDULE (G.S., L.B., etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0136, 01</b>		16. GRADE AND STEP <b>5 4 13 3</b>		17. SALARY OR RATE <b>18479 ✓ 22055 ✓</b>				
18. REMARKS <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 10px;">*</div>										
18A. SIGNATURE OF REQUESTING OFFICIAL  <b>Henry L. Berthold</b>				DATE SIGNED <b>7 Aug 74</b>		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [ ]		DATE SIGNED <b>8/9/74</b>		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL										
19. ACTION CODE <b>37 1A</b>		20. EMPLOY CODE <b>51660</b>		21. OFFICE CODING NUMERIC ALPHABETIC <b>WH 52013</b>		22. STATION CODE <b>52013</b>		23. INTEGRAL CODE <b>3</b>		
24. HODIR CODE <b>3</b>		25. DATE OF BIRTH MO DA YR <b>12 08 55</b>		26. DATE OF GRADE MO DA YR		27. DATE OF LST MO DA YR		28. DATE OF LST MO DA YR		
29. NTE EXPIRES MO DA YR		30. SPECIAL REFERENCE [ ]		31. RETIREMENT DATA [ ]		32. SEPARATION DATA CODE [ ]		33. CORRECTION/CANCELLATION DATA TYPE MO DA YR		
34. VET PREFERENCE CODE 0-None 1-5 PT 2-10 PT		35. SERV COMP DATE MO DA YR		36. LONG COMP DATE MO DA YR		37. CAREER CATEGORY CAS/BSY PROT/TEMP		38. FEGLI, HEALTH INSURANCE CODE CODE 0-WAIVER 1-YES 2-NO		
39. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		40. LEAVE CAT CODE [ ]		41. FORM EXECUTED CODE 1-YES 2-NO		42. FEDERAL TAX DATA MO TAX EXEMPTIONS		43. STATE TAX DATA FORM EXECUTED CODE 1-YES 2-NO		
44. POSITION CONTROL CERTIFICATION <b>3A 8/13/74</b>					45. OFF APPROVAL [ ]			DATE APPROVED <b>8/13/74</b>		

FORM 8-72 1192

USE PREVIOUS EDITION

**SECRET**

CLASSIFIED BY 01-0337

EX-1  
APD18

(4)



SECRET

(When Filled In)

## REQUEST FOR PERSONNEL ACTION

DATE PREPARED

5 September 73

1. SERIAL NUMBER 0256028		2. NAME (Last-First-Middle) Piccolo, Joseph S	
3. NATURE OF PERSONNEL ACTION Reassignment		4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09 17 73	
5. FUNDS V TO V CF TO V X CF TO CF		6. CATEGORY OF EMPLOYMENT Regular	
7. ORGANIZATIONAL DESIGNATIONS DDO/WH DIO. Foreign Field Branch 2		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. LOCATION OF OFFICIAL STATION [Redacted] Station		10. POSITION NUMBER 0396	
11. POSITION TITLE Ops Off/DCOS		12. CAREER SERVICE DESIGNATION D	
13. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		14. OCCUPATIONAL SERIES 0136.01	
15. GRADE AND STEP 05 3 13 2		16. SALARY OR RATE 17,075 \$ 20,357	
17. REMARKS From: DDO/WH/FF/Br 5/ * Ops Officer DCOS occupying Ops Officer position. C9037- Approved 259A attached			
18. SIGNATURE OF REQUESTING OFFICIAL Henry L. Berthold C/WH/Pers			
19. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Redacted]			
20. DATE SIGNED 5-17-73			
21. DATE SIGNED 9-7-73			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
22. ACTION CODE 37	23. EMPLOY CODE 10	24. OFFICE CODING NUMERIC ALPHABETIC 51660 WH	25. STATION CODE 52073
26. DATE OF BIRTH MO DA YR 12 08 35	27. DATE OF GRADE MO DA YR	28. DATE OF LEI MO DA YR	29. DATE OF BIRTH MO DA YR
30. NTE EXPIRES MO DA YR	31. SPECIAL REFERENCE - CSC - ODR - FIA - NONE	32. RETIREMENT DATA CODE	33. SEPARATION DATA CODE TYPE
34. VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT	35. SERV COMP DATE MO DA YR	36. LONG. COMP DATE MO DA YR	37. CAREER CATEGORY CODE CAR/RESV PRON/TEMP
38. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)	39. LEAVE CAT CODE	40. FEDERAL TAX DATA FORM EXECUTED CODE 1-TES 2-NO	41. STATE TAX DATA FORM EXECUTED CODE 1-TES 2-NO
42. POSITION CONTROL CERTIFICATION [Redacted]	43. O.P. APPROVAL [Redacted]	44. DATE APPROVED 14/6/73	

FORM 8-72 1152

USE PREVIOUS EDITION

SECRET

CLASSIFIED BY 01-0332

13-2  
APC-8

(41)



SECRET

DD, 73-2921

5 JUN 1973

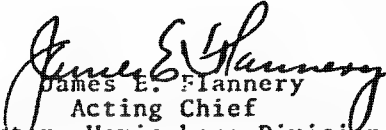
MEMORANDUM FOR: Deputy Director for Operations

SUBJECT : Appointment of Mr. Joseph S. Piccolo,  
GS-13, as Deputy Chief of Station,  
[redacted]

1. The appointment of Mr. Joseph S. Piccolo, GS-13, as Deputy Chief of Station, [redacted] effective on or about 15 September 1973 is recommended. Mr. Piccolo would be replacing Mr. Ralph G. Seehafer.

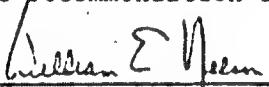
2. Mr. Piccolo entered on duty with the Agency in February 1957. His Agency employment has been exclusively in the Western Hemisphere Division with field tours in Mexico City and [redacted]. He is currently serving in [redacted] as Chief of our FI Section. Mr. Piccolo has a very good command of the Spanish language.

3. A Biographic Profile, including information regarding his Agency employment and training, is attached.

  
James E. Flannery  
Acting Chief  
Western Hemisphere Division

Attachment:  
Biographic Profile (Part I and Part II)

The recommendation in Paragraph 1 is APPROVED:

  
Deputy Director for Operations

5 Jun 1973  
Date

E2, IMPDET  
061062

SECRET



SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 30 January 1973	
1 SERIAL NUMBER 025658		2 NAME (Last-First-Middle) Piccolo, Joseph S. ✓									
3 NATURE OF PERSONNEL ACTION Promotion						4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 02 04 73		5 CATEGORY OF EMPLOYMENT Regular			
6 FUNDS V TO V OF TO V		V TO V OF TO V		7. PAY AND NYCA 3135-0694-0002		8 LEGAL AUTHORITY (Completed by Office of Personnel)					
9 ORGANIZATIONAL DESIGNATIONS DDP/WH Division Foreign Field Branch 5- Base						10 LOCATION OF OFFICIAL STATION					
11 POSITION TITLE Ops Officer (13)						12 POSITION NUMBER 1865		13 CAREER SERVICE DESIGNATION D			
14 CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15 OCCUPATIONAL SERIES 0136.01		16 GRADE AND STEP 05 3 13 2		17 SALARY OR RATE 17,075 ✓ 20,357 ✓					
18 REMARKS FROM: GS-12/5 Home Base: WH											
18A SIGNATURE OF REQUESTING OFFICIAL Henry E. Berthold, C/WH/Per's				DATE SIGNED 31/1/73		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED 1/3/73			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19 ACTION CODE 22	20 EMPLOY CODE 10	21 OFFICE CODING NUMBER-C 51835 ALPHABETIC WH	22 STATION CODE 09037	23 INTEGRITY CODE	24 MONTH CODE 3	25 DATE OF BIRTH MO DA YR 12 19 35	26 DATE OF GRADE MO DA YR 02 04 73	27 DATE OF LHI MO DA YR 02 04 73			
28 RTE EXPIRES MO DA YR	29 SPECIAL REFERENCE	30 RETIREMENT DATA 1-OSC 2-OFSC 3-FICA 4-W/RET	31 SEPARATION DATA CODE	32 CORRECTION-CANCELLATION DATA TYPE MO DA YR	EOD DATA →		33 SECURITY REQ. NO	34 SEX			
35 VET PREFERENCE CODE 0-None 1-5 PT 2-10 PT	36 SERV COMP DATE MO DA YR	37 LONG COMP DATE MO DA YR	38 CAREER CATEGORY LMB RES PROG TEMP	39 REGI HEALTH INSURANCE CODE CODE 1-BEG 2-REG/OPT 3-UNELIGIBLE	40 SOCIAL SECURITY NO						
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)			42 LEAVE CAT CODE	43 FEDERAL TAX DATA FORM EXECUTED 1-TES 2-NO	44 STATE TAX DATA FORM EXECUTED 1-TES 2-NO						
45 POSITION CONTROL CERTIFICATION				46 OP APPROVAL			DATE APPROVED 2/1/73				

FORM 1152 USE PREVIOUS EDITION  
8-72

SECRET

02 FEB 1973

E-2, IMPDET CL. BY. 007622

(8)



21 OCT 1972

MEMORANDUM FOR: Chairman, GS-12, CS Evaluation Board

SUBJECT : Recommendation for Promotion to GS-13,  
Joseph S. Piccolo

1. Mr. Joseph S. Piccolo entered on duty with the Agency in February 1957 as a file clerk. He progressed rapidly from that position to that of Intelligence Assistant and subsequent acceptance into the Agency Junior Officer Trainee Program. In addition to Headquarters assignments he has served as operations officer in Mexico City Station (1965-1968) and [redacted] Station (1968-1969). Since February 1970 he has been assigned to [redacted] Station, Base [redacted] where he is serving on an extension of tour until June 1973. He has been in grade GS-12 since September 1968.

2. Mr. Piccolo has been consistently evaluated as a very Strong performer in his current grade and this in a variety of assignments which have progressed upwards in responsibility and have included field FI and liaison responsibilities, Headquarters desk officer and liaison officer; up to his current assignment as senior officer in charge of one of the Station's major operational programs, [redacted] and [redacted] operations including direct handling of the Station's most sensitive [redacted]. He has been evaluated by the [redacted] Base Chief as the most mature, dependable and competent case officer at the Base. He has excelled in the handling of intricate sensitive [redacted] operations where the highest professional standards are demanded. He carries a very heavy work load lightly and is a prodigious contributor in both operational and information reporting. His performance as a supervisor has been characterized by conscientiousness, a good sense of detail, perceptiveness, fairness and firmness. Two Chiefs of Station have emphatically endorsed the very

100-100000-100000



high evaluation placed on Mr. Piccolo's performance. His current COS has especially commended him on his handling of a complex current case involving [ ] in which Mr. Piccolo has demonstrated an unusual grasp of detail, excellent judgment, poise under pressure, and extraordinary stamina. The COS has stated that Mr. Piccolo is already performing well above the GS-13 level.

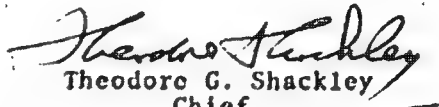
3. Several supervisors have commented on Mr. Piccolo's quiet unassuming personality which belies the intensity with which he approaches his work. Underlying the quiet manner it has been noted that he is tough-minded and aggressive in his agent handling and exploitation and is highly experienced and skilled in the basic craft of the intelligence business. He is linguistically talented and can function in both the [ ] and [ ] languages. He has had the basic Agency operations courses including some in technical operations. He is also an intelligent supervisor with a capability for lighting fires under his charges when necessary. He is highly respected and appreciated by all his colleagues and though he maintains a low-profile he moves easily in his [ ]

4. Mr. Piccolo has already proven his ability to perform at the next highest grade. Most supervisors have emphasized his potential for assuming ever increasing responsibilities. He has realized this potential with each succeeding assignment and particularly in his current one. He fits both the general and specific criteria for promotion. He has shown himself in possession of the requisite qualities of reliability, seriousness of purpose, imagination, and dedication. He has personally applied the specifics of his profession in a successful manner and has demonstrated his ability to supervise and inspire others in their application as well.

5. Mr. Piccolo's request for a one-year extension of his current tour has been approved. At the culmination of that period an appropriate assignment will be arranged for him commensurate with the Agency's needs, his desires and the continued furtherance of his career.



6. It is hereby strongly recommended that  
Mr. Piccolo be promoted from GS-12 to GS-13.

  
Theodore G. Shackley  
Chief  
Western Hemisphere Division



SECRET

(If Area Filled In)

07637

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1 SERIAL NUMBER 025658				2 NAME (Last-First-Middle) Piccolo, Joseph S.	
3 NATURE OF PERSONNEL ACTION Reassignment			4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 02 20 72		5 CATEGORY OF EMPLOYMENT Regular
6 FUNDS V TO V C TO V X C TO C		7 FINANCIAL ANALYSIS NO CHARGEABLE 2135-0694		8 LEGAL AUTHORITY (Completed by Office of Personnel)	
9 ORGANIZATIONAL DESIGNATIONS DDP/WH Division Foreign Field Branch 5 Station Base			10 LOCATION OF OFFICIAL STATION		
11 POSITION TITLE Ops Officer (D43)			12 POSITION NUMBER 1865		13 CAREER SERVICE DESIGNATION D
14 CLASSIFICATION SCHEDULE (GS, ZR, etc.) GS		15 OCCUPATIONAL SERIES 0136.01		16 GRADE AND STEP 05 2 12 4	
17 SALARY OR RATE 15,732 17,453					
18 REMARKS FROM: DDP/WH/FF/BR 5/ BASE/0197 * HOME BASE: WH *					
19A SIGNATURE OF REQUESTING OFFICIAL Henry L. Borthold, C/WH/Per			DATE SIGNED 12/26/72		19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER DATE SIGNED 2/24/72
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19 ACTION CODE 37	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC 518.25 ALPHABETIC WH	22 STATION CODE 07037	23 INTEREST CODE	24 HOURLY CODE 3
25 DATE OF BIRTH MO. DA. YR. 12 08 1935		26 DATE OF GRADE MO. DA. YR.		27 DATE OF LSI MO. DA. YR.	
28 NTE EXPIRES MO. DA. YR.		29 SPECIAL REFERENCE 1-ESC 2-ONCE 3-FIR 4-RSH	30 RETIREMENT DATA CODE	31 SEPARATION DATA CODE TYPE	32 CORRECTION/CANCELLATION DATA MO. DA. YR.
33 SECURITY REG. NO.		34 SEX			
35 VET PREFERENCE CODE 0-None 1-5 PT 2-10 PT		36 SERV COMP DATE MO. DA. YR.	37 LONG COMP. DATE MO. DA. YR.	38 CASUALTY CATEGORY CODE 1-DEATH 2-PROB 3-TEMP	39 HEALTH INSURANCE CODE 1-HEALTH 2-REG/OPS 3-INVALID
40 SOCIAL SECURITY NO.		41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)			
42 LEAVE CAT CODE		43 FEDERAL TAX DATA CODE 1-TES 2-NO		44 STATE TAX DATA CODE 1-TES 2-NO	
45 POSITION CONTROL CERTIFICATION 2-24 72			46 OP APPROVAL 2-24 72		DATE APPROVED 2-24 72

FORM 1152 USE PREVIOUS EDITION

25 FEB 1972

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

141



SECRET/RYBAT - TELEPHONE

DISPATCH NO - HBRT-08619

DATE - 3 NOVEMBER 1971

TO - CHIEF, WESTERN HEMISPHERE DIVISION

INFO - CHIEF OF STATION, [REDACTED]

FROM - CHIEF OF BASE, [REDACTED]

SUBJECT - FORWARDING OF FITNESS REPORT - HOWARD A. TRECKLER

REF - DIRECTOR 190967

FORWARDED HERewith IS A FITNESS REPORT FOR

HOWARD AM TRECKLER.

SPECIFIC DUTIES

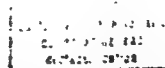
1. SENIOR FI OFFICER WITH SUPERVISORY RESPONSIBILITIES  
OVER [REDACTED] JUNIOR OFFICER AND [REDACTED] CAREER AGENT. S
2. STATION [REDACTED] OFFICER WITH COORDINATING  
RESPONSIBILITIES OVER STATION AND BASE  
ACTIVITIES AND DIRECT AGENT HANDLING FUNCTIONS  
AGAINST [REDACTED] AND RELATED TARGETS. S
3. CASE OFFICER FOR [REDACTED] SENSITIVE, COMPLEX,  
HIGH LEVEL [REDACTED] OF VARIOUS HIGH  
PRIORITY TARGETS. S

OVERALL PERFORMANCE IN CURRENT POSITION S

NARRATIVE COMMENTS

SUBJECT IS PERHAPS THE MOST MATURE, DEPENDABLE AND COMPETENT  
CASE OFFICER WE HAVE. HE HAS EXCELLED IN THE HANDLING OF  
INTRICATE, SENSITIVE [REDACTED] OPERATIONS WHERE THE HIGHEST  
PROFESSIONAL STANDARDS ARE DEMANDED. HE CARRIES A VERY HEAVY  
WORK LOAD LIGHTLY AND IS A PRODIGIOUS CONTRIBUTOR IN BOTH  
OPERATIONAL AND INFORMATION REPORTING. HIS PERFORMANCE AS  
A SUPERVISOR HAS BEEN CHARACTERIZED BY CONSCIENTIOUSNESS,  
A GOOD SENSE OF DETAIL, PERCEPTIVENESS, FAIRNESS AND  
FIRMNESS. HE IS AT HIS BEST IN PRACTICAL SITUATIONS.

SECRET/RYBAT HBRT-08619 PAGE 1





SECRET/RYBAT HBRT-22619 PAGE 2

HOWEVER COMPLEX AND OBSCURE, RATHER THAN IN DEALING WITH PHILOSOPHICAL OR THEORETICAL PROBLEMS BUT THIS IS OBVIOUSLY MORE A MATTER OF INCLINATION, THAN OF INTELLECT. HE IS HIGHLY RESPECTED AND APPRECIATED BY ALL HIS COLLEAGUES AND ESPECIALLY BY THIS SUPERVISOR

SUBJECT IS UNDER GRADE FOR HIS PERFORMANCE, EXPERIENCE AND RESPONSIBILITIES. HE IS OF ALL THE BASE OFFICERS MOST DESERVING OF A PROMOTION. A SEPARATE RECOMMENDATION TO THIS EFFECT IS BEING FORWARDED.

REVIEWING OFFICIAL COMMENTS

THE COS CONCURS EMPHATICALLY WITH THIS WELL-WRITTEN EVALUATION. THE SUBJECT IS VASTLY UNDER-RATED IN JKLANC, PERHAPS BECAUSE OF HIS QUIET, UNASSUMING PERSONALITY. BUT HE IS A STRONG, VERY STRONG, OFFICER. HIS ABILITY TO HANDLE THE MOST DIFFICULT DETAIL SHOULD NOT DETRACT FROM HIS OVERALL CAPABILITIES. HE IS SOUND AS A ROCK, AND MERITS A PROMOTION, WHICH IS RECOMMENDED BY THE COS.

LESTER T. ARKLEIGH

DISTRIBUTION VIA TP

C/WHD

DISTRIBUTION VIA POUCH

COS.

SECRET/RYBAT HBRT-22619 PAGE 2



SECRET

(When Filled In)

## REQUEST FOR PERSONNEL ACTION

Date Prepared

25 May 1970

1 SERIAL NUMBER 025658		2 NAME (Last-First-Middle) PICCOLO, JOSEPH S.	
3 NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>		4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 05 31 70	
5 FUNDS V TO V CF TO V		6 CATEGORY OF EMPLOYMENT <b>REGULAR</b>	
7 FINANCIAL ANALYSIS NO CHARGEABLE 0135 0694		8 EQUAL AUTHORITY (if employed by Office or Permanent)	
9 ORGANIZATIONAL DESIGNATIONS DDP/WH/FOREIGN FIELD BRANCH 5		10 LOCATION OF OFFICIAL STATION	
11 POSITION TITLE OPS OFFICER (13)		12 POSITION NUMBER 0197	
13 OCCUPATIONAL SERIES 0136.01		14 GRADE AND STEP 05 1 12 3	
15 CLASSIFICATION SCHEDULE (G.S., F.B., etc.) GS		16 SALARY OR RATE \$13,618 \$15,138	
17 REMARKS FROM: DDP/WH/DEV. COMP APPROVED 259a ATTACHED  * HOME BASE WH * Wash, D.C. 1 - Finance 2 - Security  SSCWP, APPROVED 259a 5/27 DB 6/2			
18A SIGNATURE OF REQUESTING OFFICIAL Henry L. Berthold C/WH/Pers		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
DATE SIGNED 25 May 70		DATE SIGNED 25 May 70	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE/OF PERSONNEL			
19 ACTION CODE 37	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC ALPHABETIC 51930 WH	22 STATION CODE 09037
23 INTEGRITY CODE 3	24 MODIFI CODE 3	25 DATE OF BIRTH MO DA YR 12 08 35	26 DATE OF GRADE MO DA YR
27 DATE OF LEAVE MO DA YR	28 DATE OF BIRTH MO DA YR	29 SPECIAL REFERENCE 1-ESC 2-ORGR 3-FICA 4-BORE	30 RETIREMENT DATA CODE
31 SEPARATION DATA CODE	32 CORRECTION CANCELLATION DATA TYPE MO DA YR	33 SECURITY RISK NO	34 SEX
35 VET PREFERENCE CODE 0-None 1-5 PT 2-10 PT	36 VET COMP DATE MO DA YR	37 LONG COMP DATE MO DA YR	38 CAREER CATEGORY CODE 1-YES 2-NO
39 FEDERAL TAX DATA CODE 1-YES 2-NO	40 SOCIAL SECURITY NO	41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO LEAVE IN SERVICE 2-LEAVE IN SERVICE (LESS THAN 3 YEARS) 3-LEAVE IN SERVICE (MORE THAN 3 YEARS)	42 LEAVE CAT CODE
43 POSITION CONTROL CERTIFICATION	44 OP APPROVAL	45 DATE APPROVED	

FORM 1132 USE PREVIOUS EDITION

SECRET

EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION



**SECRET**

NAME (Last, First, Middle)		2. DATE OF BIRTH		3. GRADE	
Piccolo, Joseph		8 February 1935		GS-12	
OFFICE DIVISION, BRANCH (or overseas station and existing cover if lateral assignment)		5. PRESENT POSITION		6. EMPLOYEE EXTENSION	
DDP, WH/COG		Ops Officer		6815	
7. PROPOSED STATION		8. PROPOSED POSITION (Title, Number, Grade)			
		Ops Officer/5197/ GS-13			
9. TYPE OF COVER AT NEW STATION		10. ESTIMATED DATE OF DEPARTURE		11. NO. OF DEPENDENTS TO ACCOMPANY	
		o/a 1 June 70		1	
12. COMMENTS					
Vice <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> Forms DS 1686 attached					
<div style="border: 1px solid black; width: 100%; height: 40px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div>13. DATE OF REQUEST</div> <div>14. <span style="border: 1px solid black; display: inline-block; width: 200px; height: 1.2em; vertical-align: middle;"></span></div> <div>BUILDING</div> <div>16. EXTENSION</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>2 February 1970</div> <div>3D 5309</div> <div>Hqs.</div> <div>6815</div> </div>					
17. OFFICE OF MEDICAL SERVICES DISPOSITION					
18. OFFICE OF SECURITY DISPOSITION					
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION					
<div style="text-align: center;"> <p>2 MAR 1970</p> <p>42 LT</p> </div>					
REQUEST FOR PCS OVERSEAS EVALUATION					



SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER 025658										3 February 1970	
2. NAME (Last-First-Middle) PICCOLO, JOSEPH S.											
3. NATURE OF PERSONNEL ACTION REASSIGNMENT										4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 02 08 70	
5. CATEGORY OF EMPLOYMENT REGULAR											
6. FUNDS V TO V CF TO V X CF TO CF										7. FINANCIAL ANALYSIS NO. CHARGEABLE 0135 0623	
9. ORGANIZATIONAL DESIGNATIONS DDP/WH DEVELOPMENT COMPLEMENT										10. LOCATION OF OFFICIAL STATION WASH., D.C.	
11. POSITION TITLE OPS OFFICER										12. POSITION NUMBER 9997	
13. CAREER SERVICE DESIGNATION D											
14. CLASSIFICATION (SCHEDULE 1 GS, 1B, etc.) GS										15. OCCUPATIONAL SERIES 0136.01	
16. GRADE AND STEP 06 2 12 3										17. SALARY OR RATE 10,962 \$14,281	
18. REMARKS * WASH, D.C. FROM: DDP/WH/COG/ BR./POS # 1159 * FOR TRAINING  1 - Finance											
18A. SIGNATURE OF REQUESTING OFFICIAL Henry L. Bernhold C/WH/Pers										DATE SIGNED 32260	
18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER										DATE SIGNED 6F2670	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 37	20. EMPLOY CODE 13	21. OFFICE CODING NUMERIC 51997	22. STATION CODE ALPHABETIC WH	23. INTEGRITY CODE 15C12	24. NOCTES CODE 1	25. DATE OF BIRTH MO DA YR 12 08 135	26. DATE OF GRADE MO DA YR	27. DATE OF LEI MO DA YR	28. DATE OF LEI MO DA YR	29. DATE OF LEI MO DA YR	30. DATE OF LEI MO DA YR
31. RET. EXPIRES MO DA YR	32. SPECIAL REFERENCE 1-CC 2-COON 3-ETB 4-WOBT	33. RETIREMENT DATA CODE	34. SEPARATION DATA CODE	35. CORRECTION LABELING DATA TYPE MO DA YR	EOD DATA			36. SECURITY REQ NO	37. SEX	38. SEX	39. SEX
40. VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT	41. SERV COMP DATE MO DA YR	42. LONG COMP DATE MO DA YR	43. CAREER CATEGORY CODE 0-NONE 1-YES 2-NO	44. SEC. STA. INSURANCE CODE 0-NONE 1-YES 2-NO	45. SOCIAL SECURITY NO	46. SOCIAL SECURITY NO	47. SOCIAL SECURITY NO	48. SOCIAL SECURITY NO	49. SOCIAL SECURITY NO	50. SOCIAL SECURITY NO	
51. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)	52. LEAVE BAL CODE	53. NORM EXECUTED CODE 1-YES 2-NO	54. SCOPED TO DATA CODE	55. NORM EXECUTED CODE 1-YES 2-NO	56. STATE CODE CODE	57. STATE CODE CODE	58. STATE CODE CODE	59. STATE CODE CODE	60. STATE CODE CODE	61. STATE CODE CODE	
43. POSITION CONTROL CERTIFICATION C2-10-70 J/K										44. DATE APPROVED 02-10-70	

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING AND  
DECLASSIFICATION



SECRET

(If Not Filled In)

## REQUEST FOR PERSONNEL ACTION

DATE PREPARED

24 JUNE 69

1 SERIAL NUMBER 025658		2 NAME (Last-First-Middle) PICCOLO, JOSEPH S.	
3 NATURE OF PERSONNEL ACTION REASSIGNMENT		4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 07 10 31 69	
5 CATEGORY OF EMPLOYMENT REGULAR		6 FINANCIAL ANALYSIS NO. CHARGEABLE 0135 0620	
7 ORGANIZATIONAL DESIGNATIONS DDP/WH WH/COG BRANCH		8 LOCATION OF OFFICIAL STATION WASH., D.C.	
9 POSITION TITLE OPS OFFICER (14)		10 POSITION NUMBER 1159	
11 CLASSIFICATION SCHEDULE (GS, I.R., etc.) GS		12 OCCUPATIONAL SERIES 0136.01	
13 GRADE AND STEP 06 1 12 2		14 SALARY OR RATE 9721 \$ 12580	

15 REMARKS

FROM: Pos. #1152

\* Wash., D.C.

1 - Finance

16A SIGNATURE OF PERSONNEL OFFICIAL Henry L. Berthold C/WH/Personnel	DATE SIGNED 26 Jun '69	16B SIGNATURE OF CAREER SERVICE APPROVING OFFICER	DATE SIGNED 26 Jun '69
--	---------------------------	---	---------------------------

## SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE 37	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC ALPHABETIC 51500 WH-7323	22 STATION CODE	23 INTEREST CODE	24 HOURS CODE	25 DAY OF WEEK CODE MO DA TH	26 DATE OF GRADE MO DA YR	27 DATE OF LIT MO DA YR	
28 A-1 EXPIRES MO DA YR	29 SPECIAL REFERENCE 1-CSC 2-ORGN 3-FICA 4-NONE	30 RETIREMENT DATA CODE	31 SEPARATION DATA CODE	32 CORRECTION CANCELLATION DATA TYPE MO DA YR	FOD DATA			33 SECURITY REG NO	34 SER
35 VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT	36 SERV COMP DATE MO DA YR	37 LONG COMP DATE MO DA YR	38 CAREER CATEGORY CODE 1-YES 2-NONE	39 HEALTH INSURANCE CODE 1-YES 2-NONE	40 SOCIAL SECURITY NO				
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-NONE 2-BELONGED TO SERVICE (LESS THAN 3 YEARS) 3-BELONGED TO SERVICE (MORE THAN 3 YEARS)		42 LEAVE CAT CODE	43 FEDERAL TAX DATA FORM EMPLOYED CODE 1-YES 2-NONE		44 STATE TAX DATA FORM EMPLOYED CODE 1-YES 2-NONE				
45 POSITION CONTROL CERTIFICATION 07-03-6900K				46 O.P. APPROVAL		DATE APPROVED 07-03-69			

FORM 1152 USE PREVIOUS EDITION

SECRET

CLASSIFIED BY 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING AND  
DECLASSIFICATION



[illegible]

7-1162

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.



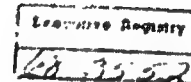


OFFICE OF THE DIRECTOR

TREASURY DEPARTMENT  
UNITED STATES SECRET SERVICE

WASHINGTON, D.C. 20226

August 1, 1968



68-3206

The Honorable  
Richard M. Helms  
Director  
Central Intelligence Agency  
McLean, Virginia

Dear Dick:

As you know, the President and Mrs. Johnson  
visited [redacted] on [redacted]  
1968, upon their return from the [redacted]  
Conference.

Assistant to the Special Agent in Charge  
Ronald M. Pontius of the Presidential Protective  
Division, has informed me that Mr. Joseph Piccolo  
and Mr. [redacted] were of particular assistance  
in establishing and coordinating the relations  
with the [redacted] and  
President [redacted] staff. Mrs. [redacted]  
assistance as an interpreter was also greatly  
appreciated.

Personally and on behalf of the United States  
Secret Service, I wish to extend my sincere  
appreciation and thanks to the above mentioned  
personnel for the capable and professional manner  
in which they performed their duties.

Sincerely,

James J. Rowley



SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				27 AUGUST 1968	
1. SERIAL NUMBER		2. NAME (Last - First - Middle)			
025658		PICCOLO, JOSEPH S.			
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT
PROMOTION			9 JUL 1968		REGULAR
6. FUNDS			7. FINANCIAL ANALYSIS NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)
<div style="display: flex; justify-content: space-between;"> <div>V TO V</div> <div>V TO CP</div> </div> <div style="display: flex; justify-content: space-between;"> <div>CP TO V</div> <div>XX CP TO CP</div> </div>			9135 10-49		
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION		
DDP WH FOREIGN FIELD BRANCH 2					
STATION					
11. POSITION TITLE			12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION
OPS OFFICER			0396		D
14. CLASSIFICATION SCHEDULE (G.S. I.R. etc.)		15. OCCUPATIONAL SERIES		17. SALARY OR RATE	
GS		0136.01		07 4 12 4 8,969 ✓ 12580 ✓	
16. REMARKS					
FROM: GS-11/4 \$11,223					
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>					
1 - Finance					
16A. SIGNATURE OF REQUESTING OFFICIAL		DATE SIGNED		16B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
HENRY L. BERTHOLD C/NH PERSONNEL		18 JUL 68		3 JUL 68	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE	23. INTELLIGENCE CODE	24. MCOPTS CODE
32	10	51650 WH	5001		3
25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LSI	28. DATE OF GRADE	29. DATE OF LSI	30. DATE OF GRADE
12/08/35	07/20/68	07/20/68	07/20/68	07/20/68	07/20/68
31. SEPARATION DATA CODE	32. CORRECTION CANCELLATION DATA	33. SECURITY REG NO	34. SEA	35. VET POTENTIAL	36. VET COMP DATE
37. LONG COMP DATE	38. CAREER CATEGORY	39. PEGAL HEALTH INSURANCE	40. SOCIAL SECURITY NO	41. MEMBERS CIVILIAN GOVERNMENT SERVICE	42. LEAVE CAT CODE
43. POSITION CONTROL CERTIFICATION	44. C/P APPROVAL	45. DATE APPROVED	46. C/P APPROVAL	47. DATE APPROVED	48. C/P APPROVAL

SECRET



EYES ONLY  
SECRET

16 JUL 1968

MEMORANDUM FOR: Secretary, CS/CS Panel (Section B)

SUBJECT : Recommendation for Promotion to Grade  
GS-12--Mr. Joseph S. Piccolo

1. It is recommended that Mr. Joseph S. Piccolo be promoted to the grade of GS-12. Mr. Piccolo has been in grade as a GS-11 since September 1966 and is presently serving as an operations officer at [redacted]

2. Mr. Piccolo is a promising young officer who first entered the Agency in 1957 as a clerk in Agency Records section (RI). He also did a tour in the Records Section of the Mexico City Station. After a short separation for military service, Mr. Piccolo returned to the Agency and later was appointed to the Junior Officer Training Program. Since his completion of that program he has served in Headquarters and Mexico City as an operations officer prior to his assignment to [redacted] in March of 1968.

3. Mr. Piccolo has consistently received high ratings from his superiors in the field and at Headquarters. He is an active operations officer with a special flair for agent handling. He has a good command of the Spanish language, is a dedicated employee of the Agency and has a great deal of growth potential. Since going to [redacted] he has been in charge of the [redacted] Station during the home leave absence of the Chief of Station for a period of almost two months, during which time the Station continued its high level of performance. While this was his first period of his career where he had supervisory responsibility, he did show himself to have ability in this area and is a further indication of his growth potential.

*William V. Broe*  
William V. Broe  
Chief  
Western Hemisphere Division

EYES ONLY  
SECRET



SECRET

13 Nov 67 Ed 101

REQUEST FOR PERSONNEL ACTION				DATE PREPARED				
				27 JUNE 1968				
1 SERIAL NUMBER		2 NAME (Last-First-Middle)						
025658		PICCOLO, JOSEPH S.						
3 NATURE OF PERSONNEL ACTION			4 EFFECTIVE DATE REQUESTED		5 CATEGORY OF EMPLOYMENT			
REASSIGNMENT - CORRECTION			MONTH DAY YEAR 02 02 68		REGULAR			
6 FUNDS		7 FINANCIAL ANALYSIS NO CHARGEABLE		8 LEGAL AUTHORITY (Completed by Office of Personnel)				
V TO V CP TO V		XX CP TO CP		8135 1049				
9 ORGANIZATIONAL DESIGNATIONS			10 LOCATION OF OFFICIAL STATION					
DDP/WH FOREIGN FIELD BRANCH 2 STATION								
11 POSITION TITLE		12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION				
OPS OFFICER (13)		0396		D				
14 CLASSIFICATION SCHEDULE (GS, FS, etc.)		15 OCCUPATIONAL SERIES		16 GRADE AND STEP				
GS		0136.01		07 4 11 4				
				17 SALARY OR RATE 8,596 10,623				
18 REMARKS								
CORRECTION OF FINANCIAL ANALYSIS NO FROM 1004 TO 1049								
* [ ]								
19 SIGNATURE OF REQUESTING OFFICIAL								
HENRY L. BERTHOLD								
C/WH/PERSONNEL								
DATE SIGNED								
27 JUN 68								
DATE SIGNED								
1 JUL 68								
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING	22 STATION CODE	23 INTEGRITY CODE	24 HOURS CODE	25 DATE OF BIRTH	26 DATE OF GRADE	27 DATE OF US
31 10		NUMERIC ALPHABETIC 51650 1011	52012		3	02 02 68		
28 SPECIAL REFERENCE	29 RETIREMENT DATA	30 SEPARATION DATA	31 CORRECTION-CANCELLATION DATA	EOD DATA				
32 VET PREFERENCE	33 SERV COMP DATE	34 LONG COMP DATE	35 CAREER CATEGORY	36 LEGAL HEALTH INSURANCE	37 SOCIAL SECURITY NO			
38 PREVIOUS CIVILIAN GOVERNMENT SERVICE	39 LEAVE CAT	40 FEDERAL TAX DATA	41 STATE TAX DATA					
42 POSITION CONTROL CERTIFICATION			43 OF APPROVAL			DATE APPROVED		

SECRET



SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1 SERIAL NUMBER 25658		2 NAME (Last-First-Middle) PICCOLO, JOSEPH S.			
3 NATURE OF PERSONNEL ACTION REASSIGNMENT			4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 04 21 68		5 CATEGORY OF EMPLOYMENT REGULAR
6 FUNDS V TO V CF TO V XX CF TO CF	7 FINANCIAL ANALYSIS NO CHARGEABLE 8135 1094		8 LEGAL AUTHORITY (Completed by Office of Personnel)		
9 ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 2 STATION			10 LOCATION OF OFFICIAL STATION		
11 POSITION TITLE OPS OFFICER		12 POSITION NUMBER 0396		13 CAREER SERVICE DESIGNATION D	
14 CLASSIFICATION SCHEDULE (GS, FR, etc) GS		15 OCCUPATIONAL SERIES 0136.01		16 GRADE AND STEP 07 4 11 4	
17 SALARY OR RATE 8,596 10,623					
18 REMARKS FROM: DDP/WH/1/MEXICO CITY/SLOT 0939 *Subject must engage in language study during this tour and fully qualify at 2nd intermediate level upon completion of tour per myrno. 1 - Finance					
18A SIGNATURE OF REQUESTING OFFICIAL HENRY L. BERTHOLD C/WH/PERSONNEL		DATE SIGNED 9 APR 68		DATE SIGNED 19 APR 1968	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19 ACTION CODE 37	20 EMPLOY CODE 10	21 OFFICE CODES NUMERIC ALPHABETIC 61652 WH 52013	22 STATION CODE 52013	23 INTEREST CODE 3	24 HOURS CODE 3
25 DATE OF BIRTH MO DA YR 12 07 35	26 DATE OF GRADE MO DA YR	27 DATE OF LEI MO DA YR	28 DATE OF LEI MO DA YR		
29 RET EXPIRES MO DA YR	30 SPECIAL REFERENCE 1-YES 2-ORCA 3-FICA 4-DOB	31 SEPARATION DATA CODE TYPE	32 CORRECTION CANCELLATION DATA MO DA YR	33 SECURITY RIG NO	
34 VET PREFERENCE CODE 1-NO 2-5 PT 3-10 PT	35 SERV COMP DATE MO DA YR	36 LONG COMP DATE MO DA YR	37 CAREER CATEGORY CODE 1-YES 2-NO	38 FEDERAL TAX DATA CODE 1-YES 2-NO	39 STATE TAX DATA CODE 1-YES 2-NO
40 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 1-NO PREVIOUS SERVICE 2-BRIEF IN SERVICE (LESS THAN 3 YEARS) 3-DEAR IN SERVICE (MORE THAN 3 YEARS)		41 LEAVE CAT CODE	42 FEDERAL TAX DATA CODE 1-YES 2-NO	43 STATE TAX DATA CODE 1-YES 2-NO	44 SOCIAL SECURITY NO
45 POSITION CONTROL CERTIFICATION			46 OF APPROVAL DATE APPROVED		

SECRET



SECRET

(When Filled In)

G-57

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				10 April 1967	
1. SERIAL NUMBER 025658		2. NAME (Last-First-Middle) PICCOLO, JOSEPH S.			
3. NATURE OF PERSONNEL ACTION DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 05 07 67		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS ▶	V TO V CP TO V	V TO CP X CP TO CP	7. COST CENTER NO. CHARGE ABLE 7135-0990		8. LEGAL AUTHORITY (Completed by Office of Personnel) PL 88-643 Sect. 203
9. ORGANIZATIONAL DESIGNATIONS  DDP/WH			10. LOCATION OF OFFICIAL STATION  MEXICO CITY, MEXICO		
11. POSITION TITLE			12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (G.S. 1 B. 14)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP //		17. SALARY OR RATE \$
18. REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.					
18A. SIGNATURE OF REQUESTING OFFICIAL		DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE	23. INTEGRITY CODE	24. ROOTS CODE
25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR	27. DATE OF LEI MO DA YR	28. SECURITY RFB NO		
			EOD DATA		
29. SPECIAL RETIREABLE	30. RETIREMENT DATA 1-ESL 2-PLA 3-NONE	31. SEPARATION DATA CODE	32. CORRECTION CANCELLATION DATA TYPE MO DA YR	33. SOCIAL SECURITY NO	
34. VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT	35. SERV COMP DATE MO DA YR	36. LONG COMP DATE MO DA YR	37. CAREER CATEGORY CODE 0-NONE 1-PT 2-10 PT	38. HEALTH INSURANCE CODE 0-NONE 1-PT	39. SOCIAL SECURITY NO
40. PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NONE 1-NO OTHER SERVICE 2-SEAR IN SERVICE (LESS THAN 3 YEARS) 3-SEAR IN SERVICE (MORE THAN 3 YEARS)	41. LEAVE LAT CODE	42. FORMER TAX DATA CODE 0-NONE 1-PT 2-10 PT	43. STATE TAX DATA CODE 0-NONE 1-PT 2-10 PT	44. OF APPROVAL DDP Memo signed by D/Ters dated 10 APR 1967	
				DATE APPROVED	
45. POSITION CONTROL CERTIFICATION 04-19-67H					

FORM 1152 USE PREVIOUS EDITIONS

SECRET

FORM 1152 USE PREVIOUS EDITIONS



SECRET  
(When Filled In)

26 May 1967

MEMORANDUM FOR: *Joseph S. Liscio*  
[REDACTED]

THROUGH : Chief of Station, Mexico City

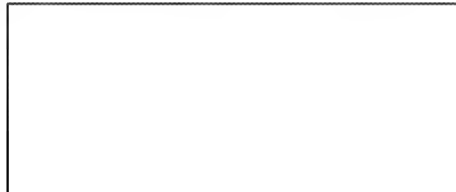
SUBJECT : Notification of Designation as a Participant in the Organization Retirement and Disability System

REFERENCE : Book Dispatch 5096 dated 12 August 1965

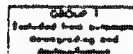
1. You have been found to be qualified as a participant in the Organization Retirement and Disability System and have been so designated effective 7 May 1967

2. Although such designation under present statutes is viewed favorably by most persons, the regulation governing this retirement system gives the individual the right to appeal such a determination if he deems the designation adverse to his best interests. In order that this technical requirement may be satisfied, you are hereby notified of your right to appeal. An appeal with reasons therefore must be received in Headquarters within 60 days of the date of this memorandum or acceptance of designation will be assumed. Any questions that you may have in connection with your designation that cannot be answered by referring to referenced Book Dispatch should be forwarded to Headquarters.

3. We believe that the benefits of the Organization Retirement System are superior to the benefits of the Civil Service Retirement System. However, there are a few situations in which an employee at the time of retirement may have so many years of service (almost 37) that he would receive a higher annuity under the Civil Service System. Because of this, the policy decision has been made that a participant in the Organization System who would receive a higher annuity under the Civil Service System may, not later than one year prior to his retirement, apply to be removed from our system and transferred to the Civil Service System. Thus, you should not anticipate this contingency as a factor in deciding whether you regard your designation as a participant adverse to your best interests.



SECRET





SECRET

5 JUL 1966

MEMORANDUM FOR: Secretary, CS/CS Panel (Section B)

SUBJECT : Recommendation for Promotion to Grade GS-11,  
Joseph S. Piccolo

1. It is recommended that Joseph S. Piccolo be promoted from GS-10 to GS-11. Subject has been stationed in Mexico City since April 1965.

2. Chief of Station, Mexico City stated in his recommendation for promotion of Piccolo that Subject has been an unusually productive officer since his arrival in Mexico City. He is capable of carrying a large workload. He has initiative and drive and the quality of his work is uniformly excellent. His command of Spanish has enabled him to handle agents in that language without any difficulty. He has the ability to handle agents of widely varying ages and social levels. His ability to make himself at once liked and respected has contributed to make him an excellent agent handler. He has put to good use the professional training he received as a member of the JOT program.

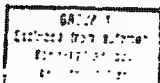
3. The latest Fitness Report submitted on Subject dated 1 June 1966 gives subject an Outstanding in Agent Handling and an overall performance of Strong. This Fitness Report states that every operation assigned to Subject has shown marked improvement under his tutelage, that his operational reporting is exemplary, and that he has won the admiration and respect of his colleagues and agent assets alike. The Rating Officer states that he has never served with a more promising young case officer in his 18 years of KUBARK experience. Promotion of this officer is fully endorsed by the undersigned.

*William V. Broc*

William V. Broc

Chief,

Western Hemisphere Division



SECRET



[illegible]

1. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

|  |  |  |  |
|--|--|--|--|
| 1 SERIAL NUMBER<br>025658  |  | 2 NAME (Last-First-Middle)<br>PICCOLO, JOSEPH S.         |  |
| 3 NATURE OF PERSONNEL ACTION<br>PROMOTION  |  | 4 EFFECTIVE DATE REQUESTED<br>MONTH DAY YEAR<br>09 25 66 |  |
| 5 FUNDS<br>V TO V<br>CF TO V<br>XX   |  | 6 COUNTRY OF EMPLOYMENT<br>REGULAR                       |  |
| 7 ORGANIZATIONAL DESIGNATIONS<br>DDP/WH<br>FOREIGN FIELD<br>BRANCH 1<br>MEXICO CITY, MEXICO STATION  |  | 8 FINANCIAL ANALYSIS<br>NO CHARGEABLE<br>7135 0990       |  |
| 9 ORGANIZATIONAL DESIGNATIONS<br>DDP/WH<br>FOREIGN FIELD<br>BRANCH 1<br>MEXICO CITY, MEXICO STATION  |  | 10 LOCATION OF OFFICIAL STATION<br>MEXICO CITY, MEXICO   |  |
| 11 POSITION TITLE<br>OPS OFFICER   |  | 12 POSITION NUMBER<br>0939                               |  |
| 13 CLASSIFICATION SCHEDULE (GS, LB, etc.)<br>GS  |  | 14 CARRIER SERVICE DESIGNATION<br>D                      |  |
| 15 OCCUPATIONAL SERIES<br>0136.01  |  | 16 GRADE AND STEP<br>7 3<br>11 AB                        |  |
| 17 SALARY OR RATE<br>7,975   |  | 18 REMARKS<br>FROM: GS-10/7 \$8,997                      |  |
| 19 SIGNATURE OF CAREER SERVICE PROMOTING OFFICER<br>C/WH/Pers 17 Sept 66                             |  |  |  |
| 20 DATE SIGNED<br>SEP 21 1966  |  |  |  |
| 21 SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |  |  |  |
| 22 ACTION CODE<br>22 10  |  | 23 OFFICE CODING<br>51620 WH                             |  |
| 24 STATION CODE<br>45225   |  | 25 INTEGRITY CODE<br>3                                   |  |
| 26 DATE OF BIRTH<br>12 08 35   |  | 27 DATE OF GRADE<br>1                                    |  |
| 28 DATE OF LIT<br>1  |  | 29 SECURITY<br>110 NO                                    |  |
| 30 SPECIAL REFERENCE<br>1-CSC<br>2-FICA<br>3-NONE  |  | 31 SEPARATION DATA CODE<br>TYPE MO DA YR                 |  |
| 32 RETIREMENT DATA<br>CODE   |  | 33 CORRECTION/CANCELLATION DATA<br>TYPE MO DA YR         |  |
| 34 VET PREFERENCE<br>0-NONE<br>1-1 YR<br>2-5 YR  |  | 35 SERV COMP DATE<br>MO DA YR                            |  |
| 36 LONG COMP DATE<br>MO DA YR  |  | 37 CAREER CATEGORY<br>CODE                               |  |
| 38 FEGLI HEALTH INSURANCE<br>0-WAIVER<br>1-YR<br>2-5 YR  |  | 39 SOCIAL SECURITY NO<br>CODE                            |  |
| 40 PREVIOUS CIVILIAN GOVERNMENT SERVICE<br>0-NONE<br>1-NONE<br>2-1 YR<br>3-5 YR<br>4-MORE THAN 5 YRS |  | 41 LEAVE CAT<br>CODE                                     |  |
| 42 FEDERAL TAX DATA<br>CODE  |  | 43 STATE TAX DATA<br>CODE                                |  |
| 44 OF APPROVAL<br>09-22-66N  |  | 45 DATE APPROVED   |  |

100-443886-1000



SECRET

(When Filled In)

| REQUEST FOR PERSONNEL ACTION  |                                |   |  | DATE PREPARED  |   |
|---|--------------------------------|---|--|--|---|
| 1. SERIAL NUMBER<br>025658  |                                | 2. NAME (Last-First-Middle)<br>PICCOLO, JOSEPH S.           |  |  |   |
| 3. NATURE OF PERSONNEL ACTION<br>PROMOTION  |                                |   | 4. EFFECTIVE DATE REQUESTED<br>MONTH DAY YEAR<br>AUG 29 65 |  | 5. CATEGORY OF EMPLOYMENT<br>REGULAR                  |
| 6. FUNDS  | V TO V<br>CF TO V              | V TO CF<br>XX CF TO CF                                      | 7. COST CENTER NO. CHARGE<br>6135 0990                     |  | 8. LEGAL AUTHORITY (Completed by Office of Personnel) |
| 9. ORGANIZATIONAL DESIGNATIONS<br>DDP/WII<br>FOREIGN FIELD<br>BRANCH 1<br>MEXICO CITY STATION   |                                |   | 10. LOCATION OF OFFICIAL STATION<br>MEXICO CITY, MEXICO    |  |   |
| 11. [Redacted]<br>OPS OFFICER   |                                |   | 12. POSITION NUMBER<br>0939                                | 13. CAREER SERVICE DESIGNATION<br>D                      |   |
| 14. CLASSIFICATION SCHEDULE (G.S., L.D., IN)<br>GS (11)   |                                | 15. OCCUPATIONAL SERIES<br>0136.01                          | 16. GRADE AND STEP<br>07 2<br>10 2-3                       | 17. SALARY OR RATE<br>7245<br>8,170 8440                 |   |
| 18. REMARKS<br>FROM: GS 9 2/\$7,465   |                                |   |  |  |   |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> I certify that the personnel is subject to review in accordance with the provisions of the Act of 23 January 1955. </div> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-left: 20px;"> Recorded By<br/>CSPD<br/>PM </div> |                                |   |  |  |   |
| 19. [Redacted]<br>C/WII/PERSONNEL   |                                |   | DATE SIGNED<br>27 Aug 65                                   | DATE SIGNED<br>27 AUG 1965                               |   |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |                                |   |  |  |   |
| 19. ACTION CODE<br>22   | 20. EMPLOY CODE<br>10          | 21. OFFICE CODING<br>NUMERIC ALPHABETIC<br>57300 WII        | 22. STATION CODE<br>45015                                  | 23. INTEGRITY CODE                                       | 24. RIGHTS CODE<br>3                                  |
| 25. DATE OF BIRTH<br>MO DA YR<br>12 08 35   | 26. DATE OF GRADE<br>MO DA YR  | 27. DATE OF LEI<br>MO DA YR                                 | 28. DATE OF BIRTH<br>MO DA YR                              | 29. DATE OF GRADE<br>MO DA YR                            | 30. DATE OF LEI<br>MO DA YR                           |
| 31. RETIREMENT DATA<br>1-EN<br>2-TICA<br>3-NOB  | 32. SPECIAL PREFERENCE         | 33. SEPARATION DATA CODE                                    | 34. CORRECTION/CANCELLATION DATA<br>TYPE MO DA YR          | 35. SECURITY REQ NO                                      | 36. SEX   |
| 37. VET PREFERENCE<br>CODE<br>0-NO<br>1-5 YR<br>2-10 YR   | 38. SERV COMP DATE<br>MO DA YR | 39. LONG COMP DATE<br>MO DA YR                              | 40. CAREER CATEGORY<br>CODE<br>CAR, RES<br>PROF, TEMP      | 41. FEGLI, HEALTH INSURANCE<br>CODE<br>0-WAITER<br>1-YES | 42. SOCIAL SECURITY NO                                |
| 43. PREVIOUS GOVERNMENT SERVICE DATA<br>CODE<br>0-NO PREVIOUS SERVICE<br>1-NO BREAK IN SERVICE<br>2-BREAK IN SERVICE (LESS THAN 3 YEARS)<br>3-BREAK IN SERVICE (MORE THAN 3 YEARS)  | 44. LEAVE CAT CODE             | 45. FEDERAL TAX DATA<br>FORM EXECUTED CODE<br>1-TES<br>2-NO | 46. STATE TAX DATA<br>FORM EXECUTED CODE<br>1-TES<br>2-NO  | 47. STATE TAX DATA<br>CODE<br>MO TAX EXEMP<br>STATE CODE | 48. POSITION CONTROL CERTIFICATION                    |
| 49. POSITION CONTROL CERTIFICATION<br>8/27/65<br>all  |                                |   | 50. DATE APPROVED<br>27 AUG 1965                           |  |   |

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(If Not Filled In)

| REQUEST FOR PERSONNEL ACTION   |                                    |  |  |   |                        | DATE PREPARED   |                                  |
|--|------------------------------------|--|--|---|------------------------|---|----------------------------------|
| 1. SERIAL NUMBER<br>025658   |                                    | 2. NAME (Last-First-Middle)<br>PICCOLO, JOSEPH X.    |  |   |                        |   |                                  |
| 3. NATURE OF PERSONNEL ACTION  |                                    |  |  | 4. EFFECTIVE DATE REQUESTED<br>MONTH DAY YEAR<br>08 27 65     |                        | 5. CATEGORY OF EMPLOYMENT<br>REGULAR                        |                                  |
| 6. FUNDS   |                                    | V TO V<br>CF TO V                                    |  | V TO CF<br>CF TO CF   |                        | 7. COST CENTER NO CHARGE<br>AME<br>6135 0990                |                                  |
| 9. ORGANIZATIONAL DESIGNATIONS<br>DDP/WH<br>FOREIGN FIELD<br>BRANCH 1<br>MEXICO CITY   |                                    |  |  | 10. LOCATION OF OFFICIAL STATION<br>MEXICO CITY, MEXICO       |                        |   |                                  |
| 11. POSITION TITLE<br>OP3 OFFICER  |                                    |  |  | 12. POSITION NUMBER<br>0939                                   |                        | 13. CAREER SERVICE DESIGNATION<br>D                         |                                  |
| 14. CLASSIFICATION SCHEDULE (G.S. 2 R. 24.)<br>03  |                                    | 15. OCCUPATIONAL SERIES<br>0136.01                   |  | 16. GRADE AND STEP<br>7 2<br>109 - 3                          |                        | 17. SALARY OR RATE<br>7245<br>8170 7710                     |                                  |
| 18. REMARKS<br>all SICK AND all HOURS ANNUAL LEAVE TO BE TRANSFERRED<br><br>MARITAL STATUS: SINGLE   |                                    |  |  |   |                        |   |                                  |
| COVER OFFICER X5013  |                                    |  |  | DATE SIGNED   |                        | 100. SIGNATURE OF CAREER SERVICE APPROVING OFFICER          |                                  |
| DATE SIGNED  |                                    |  |  | DATE SIGNED   |                        |   |                                  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |                                    |  |  |   |                        |   |                                  |
| 19. ACTION CODE<br>55  | 20. EMPLOY CODE<br>10              | 31. OFFICE CODING<br>NUMERIC ALPHABETIC<br>57 200 WH | 22. STATION CODE<br>45075                    | 23. INTEGREE CODE   | 24. HOURS CODE<br>3    | 25. DATE OF BIRTH<br>MO. DA. YR.<br>12 22 65                | 26. DATE ON GRADE<br>MO. DA. YR. |
| 28. HSE EXPIRES<br>MO. DA. YR.   | 29. SPECIAL REFERENCE              | 30. RETIREMENT DATA<br>1-CSC<br>2-PCA<br>3-NONE      | 31. SEPARATION DATA CODE                     | 32. CORRECTION CANCELLATION DATA<br>TYPE MO. DA. YR.          | 33. SECURITY REQ NO    |   | 34. SEX                          |
| 35. VET PREFERENCE<br>CODE<br>0-NONE<br>1-5 PT<br>2-10 PT  | 36. SERV LONG? DATE<br>MO. DA. YR. | 37. LONG COMP DATE<br>MO. DA. YR.                    | 38. CAREER CATEGORY<br>CAR. DES. PROV. TEMP. | 39. FEDERAL HEALTH INSURANCE<br>CODE<br>0-WAIVER<br>1-YES     | 40. SOCIAL SECURITY NO |   |                                  |
| 41. PREVIOUS GOVERNMENT SERVICE DATA<br>CODE<br>0-NONE<br>1-BREAK IN SERVICE<br>2-BREAK IN SERVICE (LESS THAN 3 YEARS)<br>3-BREAK IN SERVICE (MORE THAN 3 YEARS) |                                    |  | 42. LEAVE CAT CODE                           | 43. FEDERAL TAX DATA<br>FORM EXECUTED CODE<br>1-YES<br>2-NONE |                        | 44. STATE TAX DATA<br>FORM EXECUTED CODE<br>1-YES<br>2-NONE |                                  |
| 45. POSITION CONTROL CERTIFICATION<br>8/20/65<br>HIA   |                                    |  |  | 46. OF APPROVAL   |                        | DATE APPROVED   |                                  |

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EX-101  
SECRET

6 JUL 1965

MEMORANDUM FOR: CS/CS Panel C

SUBJECT: Proposed Nomination for Promotion to GS-10  
Mr. Joseph S. Piccolo

1. Mr. Piccolo's work since completion of the Career Training Program has been reflected in a series of progress reports.

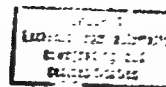
2. At this time, in view of his pending transfer and my own, I should like to recommend him for promotion. His performance to date merits it.

3. As I have stated in his fitness reports and in recommending him for the Career Training Program, Mr. Piccolo already is a capable operations officer and has unusual potential. His experience, common sense and flair for operations make him even now the equal of most officers who are serving in grades considerably higher than his.

by *James D. Esterline*  
William V. Broe  
Chief,  
Western Hemisphere Division

*Approved  
8/29/65*

EX-101  
SECRET





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Do Not Fill In

| REQUEST FOR PERSONNEL ACTION  |                                |   |   |  |   | DATE PREPARED<br>22 JUNE 1965  |                               |
|---|--------------------------------|---|---|--|---|--|-------------------------------|
| 1. SERIAL NUMBER<br>025658  |                                | 2. NAME (Last-First-Middle)<br>PICCOLO, JOSEPH S.     |   |  |   |  |                               |
| 3. NATURE OF PERSONNEL ACTION<br>REASSIGNMENT AND CHANGE TO<br>CONFIDENTIAL FUNDS   |                                |   |   | 4. EFFECTIVE DATE REQUESTED<br>MONTH DAY YEAR<br>7 1 65      |   | 5. CATEGORY OF EMPLOYMENT<br>REGULAR                                 |                               |
| 6. FUNDS<br>V TO V<br>CF TO V   |                                | 7. COST CENTER NO. CHARGE<br>6135-0990                |   | 8. LEGAL AUTHORITY (Completed by Office of Personnel)        |   |  |                               |
| 9. ORGANIZATIONAL DESIGNATIONS<br>DDP WII<br>FOREIGN FIELD<br>BRANCH 1<br>MEXICO CITY STATION   |                                |   |   | 10. LOCATION OF OFFICIAL STATION<br>MEXICO CITY, MEXICO      |   |  |                               |
| 11. POSITION TITLE<br>OPS OFFICER   |                                |   |   | 12. POSITION NUMBER<br>0134                                  |   | 13. CAREER SERVICE DESIGNATION<br>D                                  |                               |
| 14. CLASSIFICATION SCHEDULE (GS, FS, etc.)<br>GS  |                                | 15. OCCUPATIONAL SERIES<br>0136.01                    |   | 16. GRADE AND STEP<br>09 2                                   |   | 17. SALARY OR RATE<br>\$ 7,165                                       |                               |
| 18. REMARKS<br>FROM: DDP/SAS/INTELLIGENCE STAFF/RESEARCH SEC./0908/WASH.D.C.<br>FORM 359 HAS BEEN SUBMITTED Security Approval Granted by Pers. on 6/23/65<br>TO BE EFFECTIVE ON OR BEFORE 4 JULY 1965. MR. PICCOLO WILL REPLACE<br>MR. [REDACTED] WHO WILL BE REASSIGNED<br>7/15/65<br>Recorded By<br>CS.D<br>[Signature] |                                |   |   |  |   |  |                               |
| 1-Security  |                                |   |   |  |   |  |                               |
| 18A. SIGNATURE OF REQUESTING OFFICIAL<br>[Signature]<br>ROBERT D. CASHMAN C/WI/PERS   |                                |   |   | DATE SIGNED<br>29 June                                       |   | 18B. SIGNATURE OF CAREER ST<br>[Signature]<br>DATE SIGNED<br>7/14/65 |                               |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |                                |   |   |  |   |  |                               |
| 19. ACTION CODE<br>50   | 20. EMPLOY CODE<br>10          | 21. OFFICE CODING<br>NUMERIC 51620<br>ALPHABETIC L.H. | 22. STATION CODE<br>45675                           | 23. INTEGRITY CODE   | 24. MODITY CODE<br>3                              | 25. DATE OF BIRTH<br>12 08 35  | 26. DATE OF GRADE<br>MO DA YR |
| 27. DATE OF LEI<br>MO DA YR   | 28. NTE EXPIRES<br>MO DA YR    | 29. SPECIAL REFERENCE                                 | 30. RETIREMENT DATA<br>1-CSC<br>2-FER<br>3-NONE     | 31. SEPARATION DATA CODE                                     | 32. CORRECTION CANCELLATION DATA<br>TYPE MO DA YR | 33. SECURITY REQ NO  | 34. SES                       |
| 35. VET PREFERENCE<br>CODE 0-NONE<br>1-5 PT<br>2-10 PT  | 36. SERV COMP DATE<br>MO DA YR | 37. LONG COMP DATE<br>MO DA YR                        | 38. CAREER CATEGORY<br>CODE 0-NONE<br>1-YES<br>2-NO | 39. FEDERAL HEALTH INSURANCE<br>CODE 0-NONE<br>1-YES<br>2-NO | 40. SOCIAL SECURITY NO                            | EOD DATA   |                               |
| 41. PREVIOUS GOVERNMENT SERVICE DATA<br>CODE 0-NO PREVIOUS SERVICE<br>1-NO BREAK IN SERVICE<br>2-BREAK IN SERVICE (LESS THAN 3 YEARS)<br>3-BREAK IN SERVICE (MORE THAN 3 YEARS)   |                                |   | 42. LEAVE CAT CODE                                  | 43. FEDERAL TAX DATA<br>CODE 0-NONE<br>1-YES<br>2-NO         |   | 44. STATE TAX DATA<br>CODE 0-NONE<br>1-YES<br>2-NO                   |                               |
| 45. POSITION CONTROL CERTIFICATION<br>7-12-65 [Signature]   |                                |   |   | 46. OP APPROVAL<br>[Signature]                               |   | DATE APPROVED<br>7/14/65   |                               |

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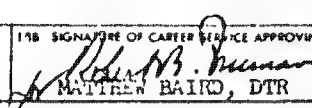
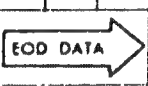
(When Filled In)

| REQUEST FOR PERSONNEL ACTION   |                               |   |   |   |                       | DATE PREPARED                               |                                 |                               |                      |   |                           |                   |                     |   |                                 |                               |                                |                      |  |                         |   |          |  |                    |        |   |                               |                               |                                    |   |                       |  |  |  |                   |   |   |   |  |  |  |
|--|-------------------------------|---|---|---|-----------------------|---|---------------------------------|-------------------------------|----------------------|---|---------------------------|-------------------|---------------------|---|---------------------------------|-------------------------------|--------------------------------|----------------------|--|-------------------------|---|----------|--|--------------------|--------|---|-------------------------------|-------------------------------|------------------------------------|---|-----------------------|--|--|--|-------------------|---|---|---|--|--|--|
| 1 SERIAL NUMBER  |                               | 2 NAME (Last-First-Middle)                            |   |   |                       | 2 February 1965                             |                                 |                               |                      |   |                           |                   |                     |   |                                 |                               |                                |                      |  |                         |   |          |  |                    |        |   |                               |                               |                                    |   |                       |  |  |  |                   |   |   |   |  |  |  |
| 025658   |                               | PICCOLO, Joseph S.                                    |   |   |                       |   |                                 |                               |                      |   |                           |                   |                     |   |                                 |                               |                                |                      |  |                         |   |          |  |                    |        |   |                               |                               |                                    |   |                       |  |  |  |                   |   |   |   |  |  |  |
| 3 NATURE OF PERSONNEL ACTION<br>REASSIGNMENT AND CHANGE<br>OF SERVICE DESIGNATION  |                               |   |   | 4 EFFECTIVE DATE REQUESTED<br>MONTH DAY YEAR<br>2 2 1965  |                       | 5 CATEGORY OF EMPLOYMENT<br>REGULAR         |                                 |                               |                      |   |                           |                   |                     |   |                                 |                               |                                |                      |  |                         |   |          |  |                    |        |   |                               |                               |                                    |   |                       |  |  |  |                   |   |   |   |  |  |  |
| 6 FUNDS  |                               | 7 COS CENTER NO CHARGE                                |   | 8 LEGAL AUTHORITY (Completed by Office of Personnel)      |                       |   |                                 |                               |                      |   |                           |                   |                     |   |                                 |                               |                                |                      |  |                         |   |          |  |                    |        |   |                               |                               |                                    |   |                       |  |  |  |                   |   |   |   |  |  |  |
| X V TO V<br>C TO V   |                               | 5235-1162   |   |   |                       |   |                                 |                               |                      |   |                           |                   |                     |   |                                 |                               |                                |                      |  |                         |   |          |  |                    |        |   |                               |                               |                                    |   |                       |  |  |  |                   |   |   |   |  |  |  |
| 9 ORGANIZATIONAL DESIGNATIONS<br>DDP<br>Special Affairs Staff<br>Operations-Intelligence Staff<br>Research Section   |                               |   |   | 10 LOCATION OF OFFICIAL STATION<br>Washington, D.C.       |                       |   |                                 |                               |                      |   |                           |                   |                     |   |                                 |                               |                                |                      |  |                         |   |          |  |                    |        |   |                               |                               |                                    |   |                       |  |  |  |                   |   |   |   |  |  |  |
| 11 POSITION TITLE<br>OPS. OFFICER  |                               |   |   | 12 POSITION NUMBER<br>0888 0908                           |                       | 13 CAREER SERVICE DESIGNATION<br>D          |                                 |                               |                      |   |                           |                   |                     |   |                                 |                               |                                |                      |  |                         |   |          |  |                    |        |   |                               |                               |                                    |   |                       |  |  |  |                   |   |   |   |  |  |  |
| 14 CLASSIFICATION SCHEDULE (GS, LR, etc.)<br>GS  |                               | 15 OCCUPATIONAL SERIES<br>0136.01                     |   | 16 GRADE AND STEP<br>09 (2)                               |                       | 17 SALARY OR RATE<br>7465                   |                                 |                               |                      |   |                           |                   |                     |   |                                 |                               |                                |                      |  |                         |   |          |  |                    |        |   |                               |                               |                                    |   |                       |  |  |  |                   |   |   |   |  |  |  |
| 18 REMARKS<br>From: DES/JTR/JOTC, D.C., #748.<br><br>I concur in the Change of Service Designation from "SJH" to "JH":<br><br># See 46   |                               |   |   |   |                       |   |                                 |                               |                      |   |                           |                   |                     |   |                                 |                               |                                |                      |  |                         |   |          |  |                    |        |   |                               |                               |                                    |   |                       |  |  |  |                   |   |   |   |  |  |  |
| <div style="display: flex; justify-content: space-between;"> <div> <p>19 cy Security</p> <p>19A SIGNATURE OF REQUESTING OFFICIAL<br/>ROBERT D. CASHEMAN, C/M/Pers.</p> <p>DATE SIGNED<br/>2/26/65</p> </div> <div> <p>19B SIGNATURE OF CHIEF REVIEWING OFFICER<br/>Chief JTR</p> <p>DATE SIGNED<br/>24-2-65</p> </div> </div>  |                               |   |   |   |                       |   |                                 |                               |                      |   |                           |                   |                     |   |                                 |                               |                                |                      |  |                         |   |          |  |                    |        |   |                               |                               |                                    |   |                       |  |  |  |                   |   |   |   |  |  |  |
| <p>SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL</p> <table border="1"> <tr> <td>19 ACTION CODE<br/>31</td> <td>20 EMPLOY CODE<br/>10</td> <td>21 OFFICE CODING<br/>NUMERIC ALPHABETIC<br/>44200 SA8</td> <td>22 STATION CODE<br/>7-5-13</td> <td>23 INTEGRITY CODE</td> <td>24 MODERN CODE<br/>1</td> <td>25 DATE OF BIRTH<br/>MO. DA. YR.<br/>12-08-35</td> <td>26 DATE OF GRACE<br/>MO. DA. YR.</td> <td>27 DATE OF LEI<br/>MO. DA. YR.</td> </tr> <tr> <td>28 RET. EXPIRES<br/>MO. DA. YR.</td> <td>29 SPECIAL REFERENCE</td> <td>30 RETIREMENT DATA<br/>1-ESC<br/>2-FWA<br/>3-NONE</td> <td>31 SEPARATION DATA CODE</td> <td>32 CORRECTION CANCELLATION DATA<br/>TYPE MO. DA. YR.</td> <td colspan="2">EOD DATA</td> <td>33 SECURITY REQ NO</td> <td>34 SEX</td> </tr> <tr> <td>35 VET. PREFERENCE<br/>CODE<br/>0-NONE<br/>1-5 PT<br/>2-10 PT</td> <td>36 SEPA COMP DATE<br/>MO DA YR</td> <td>37 LONG COMP DATE<br/>MO DA YR</td> <td>38 CAREER CATEGORY<br/>CODE<br/>1-15</td> <td>39 REG. HEALTH INSURANCE<br/>CODE<br/>0-WAIVER<br/>1-YES</td> <td colspan="3">40 SOCIAL SECURITY NO</td> </tr> <tr> <td>41. PREVIOUS GOVERNMENT SERVICE DATA<br/>CODE<br/>0-NO PREVIOUS SERVICE<br/>1-NO BREAK IN SERVICE<br/>2-BREAK IN SERVICE (LESS THAN 3 YEARS)<br/>3-BREAK IN SERVICE (MORE THAN 3 YEARS)</td> <td>42 LEAVE CAT CODE</td> <td>43 FEDERAL TAX DATA<br/>FORM EXECUTED<br/>1-YES<br/>2-NO</td> <td>44 STATE TAX DATA<br/>FORM EXECUTED<br/>1-YES<br/>2-NO</td> <td colspan="4">45 POSITION CONTROL CERTIFICATION<br/>JOTC (M)<br/>03/04/65</td> </tr> </table> |                               |   |   |   |                       |   |                                 | 19 ACTION CODE<br>31          | 20 EMPLOY CODE<br>10 | 21 OFFICE CODING<br>NUMERIC ALPHABETIC<br>44200 SA8 | 22 STATION CODE<br>7-5-13 | 23 INTEGRITY CODE | 24 MODERN CODE<br>1 | 25 DATE OF BIRTH<br>MO. DA. YR.<br>12-08-35 | 26 DATE OF GRACE<br>MO. DA. YR. | 27 DATE OF LEI<br>MO. DA. YR. | 28 RET. EXPIRES<br>MO. DA. YR. | 29 SPECIAL REFERENCE | 30 RETIREMENT DATA<br>1-ESC<br>2-FWA<br>3-NONE | 31 SEPARATION DATA CODE | 32 CORRECTION CANCELLATION DATA<br>TYPE MO. DA. YR. | EOD DATA |  | 33 SECURITY REQ NO | 34 SEX | 35 VET. PREFERENCE<br>CODE<br>0-NONE<br>1-5 PT<br>2-10 PT | 36 SEPA COMP DATE<br>MO DA YR | 37 LONG COMP DATE<br>MO DA YR | 38 CAREER CATEGORY<br>CODE<br>1-15 | 39 REG. HEALTH INSURANCE<br>CODE<br>0-WAIVER<br>1-YES | 40 SOCIAL SECURITY NO |  |  | 41. PREVIOUS GOVERNMENT SERVICE DATA<br>CODE<br>0-NO PREVIOUS SERVICE<br>1-NO BREAK IN SERVICE<br>2-BREAK IN SERVICE (LESS THAN 3 YEARS)<br>3-BREAK IN SERVICE (MORE THAN 3 YEARS) | 42 LEAVE CAT CODE | 43 FEDERAL TAX DATA<br>FORM EXECUTED<br>1-YES<br>2-NO | 44 STATE TAX DATA<br>FORM EXECUTED<br>1-YES<br>2-NO | 45 POSITION CONTROL CERTIFICATION<br>JOTC (M)<br>03/04/65 |  |  |  |
| 19 ACTION CODE<br>31   | 20 EMPLOY CODE<br>10          | 21 OFFICE CODING<br>NUMERIC ALPHABETIC<br>44200 SA8   | 22 STATION CODE<br>7-5-13                           | 23 INTEGRITY CODE   | 24 MODERN CODE<br>1   | 25 DATE OF BIRTH<br>MO. DA. YR.<br>12-08-35 | 26 DATE OF GRACE<br>MO. DA. YR. | 27 DATE OF LEI<br>MO. DA. YR. |                      |   |                           |                   |                     |   |                                 |                               |                                |                      |  |                         |   |          |  |                    |        |   |                               |                               |                                    |   |                       |  |  |  |                   |   |   |   |  |  |  |
| 28 RET. EXPIRES<br>MO. DA. YR.   | 29 SPECIAL REFERENCE          | 30 RETIREMENT DATA<br>1-ESC<br>2-FWA<br>3-NONE        | 31 SEPARATION DATA CODE                             | 32 CORRECTION CANCELLATION DATA<br>TYPE MO. DA. YR.       | EOD DATA              |   | 33 SECURITY REQ NO              | 34 SEX                        |                      |   |                           |                   |                     |   |                                 |                               |                                |                      |  |                         |   |          |  |                    |        |   |                               |                               |                                    |   |                       |  |  |  |                   |   |   |   |  |  |  |
| 35 VET. PREFERENCE<br>CODE<br>0-NONE<br>1-5 PT<br>2-10 PT  | 36 SEPA COMP DATE<br>MO DA YR | 37 LONG COMP DATE<br>MO DA YR                         | 38 CAREER CATEGORY<br>CODE<br>1-15                  | 39 REG. HEALTH INSURANCE<br>CODE<br>0-WAIVER<br>1-YES     | 40 SOCIAL SECURITY NO |   |                                 |                               |                      |   |                           |                   |                     |   |                                 |                               |                                |                      |  |                         |   |          |  |                    |        |   |                               |                               |                                    |   |                       |  |  |  |                   |   |   |   |  |  |  |
| 41. PREVIOUS GOVERNMENT SERVICE DATA<br>CODE<br>0-NO PREVIOUS SERVICE<br>1-NO BREAK IN SERVICE<br>2-BREAK IN SERVICE (LESS THAN 3 YEARS)<br>3-BREAK IN SERVICE (MORE THAN 3 YEARS)   | 42 LEAVE CAT CODE             | 43 FEDERAL TAX DATA<br>FORM EXECUTED<br>1-YES<br>2-NO | 44 STATE TAX DATA<br>FORM EXECUTED<br>1-YES<br>2-NO | 45 POSITION CONTROL CERTIFICATION<br>JOTC (M)<br>03/04/65 |                       |   |                                 |                               |                      |   |                           |                   |                     |   |                                 |                               |                                |                      |  |                         |   |          |  |                    |        |   |                               |                               |                                    |   |                       |  |  |  |                   |   |   |   |  |  |  |
| 46 G.P. APPROVAL<br>DATE APPROVED  |                               |   |   |   |                       |   |                                 |                               |                      |   |                           |                   |                     |   |                                 |                               |                                |                      |  |                         |   |          |  |                    |        |   |                               |                               |                                    |   |                       |  |  |  |                   |   |   |   |  |  |  |



**SECRET**

(If box filled in)

| REQUEST FOR PERSONNEL ACTION  |  |                            |                        |                                  |                                 |  |  |   |  | DATE PREPARED  |  |
|---|--|----------------------------|------------------------|----------------------------------|---------------------------------|--|--|---|--|--|--|
| 1 SERIAL NUMBER   |  | 2 NAME (Last-First-Middle) |                        |                                  |                                 |  |  |   |  | 15 July 1964   |  |
| 25658   |  | PICCOLO, Joseph S.         |                        |                                  |                                 |  |  |   |  |  |  |
| 3 NATURE OF PERSONNEL ACTION  |  |                            |                        |                                  | 4 EFFECTIVE DATE REQUESTED      |  |  | 5 CATEGORY OF EMPLOYMENT  |  |  |  |
| PROMOTION   |  |                            |                        |                                  | MONTH DAY YEAR<br>07 19 64      |  |  | Regular   |  |  |  |
| 6 FUNDS   |  | XX                         |                        | V TO V                           |                                 | V TO CF  |  | 7 COST CENTER NO CHARGE-ABLE  |  | 8 LEGAL AUTHORITY (Completed by Office of Personnel) |  |
|   |  |                            |                        | CF TO V                          |                                 | CF TO CF   |  | 5275 2100   |  |  |  |
| 9 ORGANIZATIONAL DESIGNATIONS   |  |                            |                        |                                  | 10 LOCATION OF OFFICIAL STATION |  |  |   |  |  |  |
| DDS/OTR<br>Junior Officer Trainee Corps   |  |                            |                        |                                  | Washington, D.C.                |  |  |   |  |  |  |
| 11 POSITION TITLE   |  |                            |                        |                                  | 12 POSITION NUMBER              |  |  | 13 CAREER SERVICE DESIGNATION   |  |  |  |
| JR OF TRAINEE   |  |                            |                        |                                  | 748                             |  |  | SJ  |  |  |  |
| 14 CLASSIFICATION SCHEDULE (GS, F, N, etc.)   |  |                            | 15 OCCUPATIONAL SERIES |                                  | 16 GRADE AND STEP               |  |  | 17 SALARY OR RATE   |  |  |  |
| GS  |  |                            | 0090.01                |                                  | 9 2                             |  |  | \$ 7260   |  |  |  |
| 18 REMARKS  |  |                            |                        |                                  |                                 |  |  |   |  |  |  |
|   |  |                            |                        |                                  |                                 |  |  |   |  |  |  |
| 19A SIGNATURE OF REQUESTING OFFICIAL  |  |                            |                        | DATE SIGNED                      |                                 | 19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER  |  |   |  | DATE SIGNED  |  |
| Robert B. Freeman, C/JCTP   |  |                            |                        |                                  |                                 | <br>MATTHEW BAIRD, DTR |  |   |  | 7/15/64  |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |  |                            |                        |                                  |                                 |  |  |   |  |  |  |
| 19 ACTION CODE  |  | 20 EMPLOY CODE             |                        | 21 OFFICE CODING                 |                                 | 22 STATION CODE  |  | 23 INTEGRITY CODE   |  | 24 ADJUTANT CODE                                     |  |
|   |  |                            |                        | NUMERIC ALPHABETIC               |                                 |  |  |   |  | 25 DATE OF BIRTH                                     |  |
|   |  |                            |                        |                                  |                                 |  |  |   |  | MO DA. YR.<br>1 12 08 35                             |  |
| 26 DATE EXPIRES   |  | 29 SPECIAL REFERENCE       |                        | 30 RETIREMENT DATA               |                                 | 31 SEPARATION DATA CODE  |  | 32 CORRECTION CANCELLATION DATA   |  | 33 SECURITY REQ NO                                   |  |
| MO. DA. YR.   |  |                            |                        | 1-EX<br>3-FKA<br>5-NONE          |                                 | TYPE   |  | MO DA. YR.  |  | 34 SER   |  |
|   |  |                            |                        |                                  |                                 |  |  |  |  |  |  |
| 35 VET PREFERENCE   |  | 36 SERV COMP DATE          |                        | 37 LONG COMP DATE                |                                 | 38 CAREER CATEGORY   |  | 39 FEGLI HEALTH INSURANCE   |  | 40 SOCIAL SECURITY NO                                |  |
| CODE  |  | MO. DA. YR.                |                        | MO. DA. YR.                      |                                 | CODE   |  | CODE  |  |  |  |
| 8-NONE<br>1-5 PT<br>2-10 PT   |  |                            |                        |                                  |                                 | LAW RESP<br>PROV TEMP  |  | 8-WAIVER<br>1-YES   |  | HEALTH INS CODE                                      |  |
| 41 PREVIOUS GOVERNMENT SERVICE DATA   |  | 42 LEAVE CAT               |                        | 43 FEDERAL TAX DATA              |                                 | 44 STATE TAX DATA  |  | 45 SOCIAL SECURITY NO   |  |  |  |
| CODE  |  | CODE                       |                        | CODE                             |                                 | CODE   |  | CODE  |  |  |  |
| 8-NONE<br>1-NO BREAK IN SERVICE<br>2-BREAK IN SERVICE (LESS THAN 3 YEARS)<br>3-BREAK IN SERVICE (MORE THAN 3 YEARS) |  | 1-YES<br>2-NONE            |                        | FORM EXEMPTED<br>1-YES<br>2-NONE |                                 | FORM EXEMPTED<br>1-YES<br>2-NONE   |  | FORM EXEMPTED<br>1-YES<br>2-NONE  |  |  |  |
| 45 POSITION CONTROL CERTIFICATION   |  |                            |                        |                                  | DATE APPROVED                   |  |  |   |  |  |  |
| 17 JUL 1964   |  |                            |                        |                                  | 7/15/64                         |  |  |   |  |  |  |

**SECRET**



**SECRET**  
(When Filled In)

|   |  |  |  |   |  |   |  |
|---|--|--|--|---|--|---|--|
| <b>REQUEST FOR PERSONNEL ACTION</b>   |  |  |  |   |  | DATE PREPARED<br><b>9 December 1963</b>               |  |
| 1. SERIAL NUMBER<br><b>625658</b>   |  | 2. NAME (Last-First-Middle)<br><b>PICCOLO, Joseph S.</b> |  |   |  |   |  |
| 3. NATURE OF PERSONNEL ACTION<br><b>REASSIGNMENT AND CHANGE OF SERVICE DESIGNATION</b>  |  |  |  | 4. EFFECTIVE DATE REQUESTED<br>MONTH DAY YEAR<br><b>01 05 64</b>  |  | 5. CATEGORY OF EMPLOYMENT<br><b>Regular</b>           |  |
| 6. FUNDS<br><b>XX</b>   |  | V TO V<br><b>CF TO V</b>                                 |  | 7. COST CENTER NO. CHARGEABLE<br><b>4275 1190 1000</b>  |  | 8. LEGAL AUTHORITY (Completed by Office of Personnel) |  |
| 9. ORGANIZATIONAL DESIGNATIONS<br><b>DD8/OTR<br/>Junior Officer Trainee Corps</b>   |  |  |  | 10. LOCATION OF OFFICIAL STATION<br><b>Washington, D.C.</b>   |  |   |  |
| 11. POSITION TITLE<br><b>JR OF TRAINEE</b>  |  |  |  | 12. POSITION NUMBER<br><b>0 748</b>   |  | 13. CAREER SERVICE DESIGNATION<br><b>8J</b>           |  |
| 14. CLASSIFICATION SCHEDULE (GS, LP, etc.)<br><b>GS</b>   |  | 15. OCCUPATIONAL SERIES<br><b>0090.01</b>                |  | 16. GRADE AND STEP<br><b>08 2</b>   |  | 17. SALARY OR RATE<br><b>6600</b>                     |  |
| 18. REMARKS<br><br><div style="text-align: right; margin-right: 50px;"> <i>Security Personnel Requested by Form 801/83 12/10/63</i><br/> <i>12/12/63</i> </div> <p>Subject has concurred in Change of Service Designation from D to 8J.<br/>From LDP/Special Affairs Staff, FI/CI Branch, Pos. No. 683.</p> <div style="margin-top: 20px; text-align: center;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;">Recorded<br/>CSPD<br/><i>LOM</i></div> <div style="margin-left: 50px;"> <i>Concur for CSCS</i><br/> <i>Plutsky</i><br/> <i>SAC, FI/CI</i> </div> </div> <p>cc: Security.</p> |  |  |  |   |  |   |  |
| 19a. SIGNATURE OF REQUESTING OFFICIAL<br><i>Robert B. Freeman</i><br><b>Robert B. Freeman, C/JOTP</b>   |  | DATE SIGNED<br><b>12/10/63</b>                           |  | 19b. SIGNATURE OF CAREER SERVICE APPROVING OFFICER<br><i>Matthew Baird</i><br><b>MATTHEW BAIRD, DTR</b> |  | DATE SIGNED<br><b>12/12/63</b>                        |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |  |  |  |   |  |   |  |
| 19. ACTION CODE<br><b>37 10</b>   |  | 20. STATION CODE<br><b>2100</b>                          |  | 21. STATION CODE<br><b>75013</b>  |  | 22. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>      |  |
| 23. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 24. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>         |  | 25. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 26. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>      |  |
| 27. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 28. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>         |  | 29. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 30. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>      |  |
| 31. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 32. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>         |  | 33. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 34. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>      |  |
| 35. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 36. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>         |  | 37. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 38. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>      |  |
| 39. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 40. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>         |  | 41. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 42. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>      |  |
| 43. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 44. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>         |  | 45. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 46. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>      |  |
| 47. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 48. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>         |  | 49. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 50. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>      |  |
| 51. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 52. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>         |  | 53. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 54. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>      |  |
| 55. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 56. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>         |  | 57. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 58. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>      |  |
| 59. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 60. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>         |  | 61. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 62. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>      |  |
| 63. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 64. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>         |  | 65. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 66. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>      |  |
| 67. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 68. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>         |  | 69. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 70. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>      |  |
| 71. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 72. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>         |  | 73. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 74. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>      |  |
| 75. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 76. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>         |  | 77. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 78. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>      |  |
| 79. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 80. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>         |  | 81. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 82. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>      |  |
| 83. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 84. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>         |  | 85. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 86. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>      |  |
| 87. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 88. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>         |  | 89. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 90. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>      |  |
| 91. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 92. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>         |  | 93. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 94. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>      |  |
| 95. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 96. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>         |  | 97. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 98. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>      |  |
| 99. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>  |  | 100. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>        |  | 101. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 102. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>     |  |
| 103. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 104. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>        |  | 105. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 106. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>     |  |
| 107. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 108. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>        |  | 109. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 110. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>     |  |
| 111. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 112. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>        |  | 113. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 114. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>     |  |
| 115. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 116. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>        |  | 117. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 118. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>     |  |
| 119. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 120. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>        |  | 121. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 122. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>     |  |
| 123. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 124. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>        |  | 125. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 126. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>     |  |
| 127. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 128. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>        |  | 129. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 130. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>     |  |
| 131. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 132. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>        |  | 133. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 134. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>     |  |
| 135. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 136. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>        |  | 137. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 138. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>     |  |
| 139. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 140. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>        |  | 141. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 142. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>     |  |
| 143. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 144. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>        |  | 145. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 146. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>     |  |
| 147. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 148. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>        |  | 149. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 150. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>     |  |
| 151. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 152. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>        |  | 153. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 154. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>     |  |
| 155. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 156. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>        |  | 157. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 158. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>     |  |
| 159. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 160. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>        |  | 161. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 162. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>     |  |
| 163. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 164. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>        |  | 165. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 166. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>     |  |
| 167. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 168. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>        |  | 169. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 170. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>     |  |
| 171. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 172. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>        |  | 173. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 174. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>     |  |
| 175. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 176. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>        |  | 177. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 178. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>     |  |
| 179. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 180. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>        |  | 181. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 182. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>     |  |
| 183. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 184. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>        |  | 185. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 186. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>     |  |
| 187. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 188. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>        |  | 189. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 190. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>     |  |
| 191. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 192. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>        |  | 193. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 194. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>     |  |
| 195. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 196. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>        |  | 197. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 198. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>     |  |
| 199. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 200. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>        |  | 201. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 202. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>     |  |
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| 235. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 236. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>        |  | 237. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 238. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>     |  |
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| 315. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 316. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>        |  | 317. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>   |  | 318. DATE OF BIRTH<br>MM DD YY<br><b>12 08 35</b>     |  |
| 319. DATE OF BIRTH<br>  |  |  |  |   |  |   |  |



~~CONFIDENTIAL~~

27 JUN 1963

MEMORANDUM FOR: Joseph S. Piccolo  
THROUGH : Chairman/CS Panel/Section D  
SUBJECT : Application for Junior Officer Training Program

1. I am pleased to inform you that you have been accepted for the JOJP in the class of January 1964. Let me congratulate you and wish for you the maximum profit and pleasure from your proposed training.
2. You will remain in your present component until shortly before the beginning of the Integrated Training Program. At that time you will be reassigned.
3. Should you have any further questions, do not hesitate to call on Program staff members.

/s/

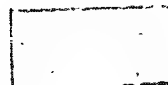
MATTHEW BAIRD  
Director of Training

cc: Chairman/CS Panel/Sec. D ✓

Distribution:

Orig - Addressee  
1 - DTR  
1 - OPers/Official File

~~CONFIDENTIAL~~





When Filled in:

FORM 1152 FEBRUARY 1978

CONFIDENTIAL

304



**SECRET**

6 March 1963

**MEMORANDUM FOR:** Secretary, Clandestine Services Career Service Panel

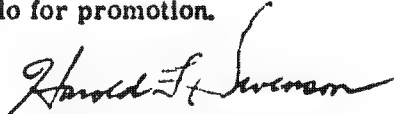
**SUBJECT :** Recommendation for Promotion of Mr. Joseph S. Piccolo

1. It is recommended that Mr. Joseph S. Piccolo be promoted from GS-7 to GS-8. He has been in grade GS-7 since 19 July 1960 and was assigned to what is now the Special Affairs Staff (formerly Task Force W) on 27 August 1962.

2. As long ago as 16 June 1960 when he was a GS-6 Mr. Piccolo was considered to have merited promotion to GS-9, but an Agency policy precluding multiple grade promotions prevented his being considered for GS-9 at that time. He was promoted to GS-7 on 19 July 1960. On 4 May 1961 Mr. Piccolo was recommended for promotion to GS-8 at a time when he was expected to leave the Agency in order to comply with his obligation for military service. The recommendation was not approved on the grounds that promotion spaces were limited. Mr. Piccolo served in the Air Force between 4 October 1961 and 27 August 1962 when he returned to the Agency and began working in the CI Branch of the Special Affairs Staff.

3. Mr. Piccolo has demonstrated an aptitude for CI and FI operations and is one of the most promising younger men in the CI Branch. His performance since returning from military service has been superior in all respects.

4. I am happy to recommend Mr. Piccolo for promotion.



Harold F. Swenson  
C/SAS/CI

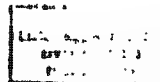
Recommend Approval:



Desmond FitzGerald  
C/SAS

Date

**SECRET**





When filed in,

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 84

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| 1. SERIAL NUMBER<br>025658  |  | 2. NAME (Last-First-Middle)<br>HUGGLO, Joseph S.                        |  |
| 3. NATURE OF PERSONNEL ACTION<br>REEMPLOYMENT (MILITARY) (CASH)         |  | 4. EFFECTIVE DATE REQUESTED<br>68/25/62                                 |  |
| 5. FUNDS<br>7   |  | 6. LEGAL AUTHORITY (Completed by Office of Personnel)<br>2432-1000-1000 |  |
| 9. ORGANIZATIONAL DESIGNATIONS<br>DDP<br>Task Force W<br>FI - CI Branch |  | 15. LOCATION OF OFFICIAL STATION<br>Washington, D.C.                    |  |
| 11. POSITION TITLE<br>ASST<br>INTELLIGENCE CO                           |  | 13. CAREER SERVICE DESIGNATION<br>D                                     |  |
| 14. CLASSIFICATION SCHEDULE (GS, LD, etc.)<br>GS                        |  | 17. SALARY OR RATE<br>5,685   |  |
| 10. REMARKS<br>C 02/60  |  | OFFICE OF PERSONNEL<br>Date   |  |
| 18. SIGNATURE OF PERSONNEL OFFICIAL<br>Louis W. Armstrong               |  | 19. SIGNATURE OF CAREER SERVICE APPROVING OFFICER<br>[Signature]        |  |
| 20. ACTION CODE<br>R  |  | 21. EMPLOY CODE<br>10   |  |
| 22. SPEC. REFERENCE<br>6/766  |  | 23. EMPLOY CODE<br>1  |  |
| 24. SPEC. REFERENCE<br>12/27/54   |  | 25. EMPLOY CODE<br>1  |  |
| 26. SPEC. REFERENCE<br>12/27/54   |  | 27. EMPLOY CODE<br>1  |  |
| 28. SPEC. REFERENCE<br>12/27/54   |  | 29. EMPLOY CODE<br>1  |  |
| 30. SPEC. REFERENCE<br>12/27/54   |  | 31. EMPLOY CODE<br>1  |  |
| 32. SPEC. REFERENCE<br>12/27/54   |  | 33. EMPLOY CODE<br>1  |  |
| 34. SPEC. REFERENCE<br>12/27/54   |  | 35. EMPLOY CODE<br>1  |  |
| 36. SPEC. REFERENCE<br>12/27/54   |  | 37. EMPLOY CODE<br>1  |  |
| 38. SPEC. REFERENCE<br>12/27/54   |  | 39. EMPLOY CODE<br>1  |  |
| 39. SPEC. REFERENCE<br>12/27/54   |  | 40. EMPLOY CODE<br>1  |  |
| 41. SPEC. REFERENCE<br>12/27/54   |  | 42. EMPLOY CODE<br>1  |  |
| 43. SPEC. REFERENCE<br>12/27/54   |  | 44. EMPLOY CODE<br>1  |  |
| 45. SPEC. REFERENCE<br>12/27/54   |  | 46. EMPLOY CODE<br>1  |  |
| 47. SPEC. REFERENCE<br>12/27/54   |  | 48. EMPLOY CODE<br>1  |  |
| 49. SPEC. REFERENCE<br>12/27/54   |  | 50. EMPLOY CODE<br>1  |  |
| 51. SPEC. REFERENCE<br>12/27/54   |  | 52. EMPLOY CODE<br>1  |  |
| 53. SPEC. REFERENCE<br>12/27/54   |  | 54. EMPLOY CODE<br>1  |  |
| 55. SPEC. REFERENCE<br>12/27/54   |  | 56. EMPLOY CODE<br>1  |  |
| 57. SPEC. REFERENCE<br>12/27/54   |  | 58. EMPLOY CODE<br>1  |  |
| 59. SPEC. REFERENCE<br>12/27/54   |  | 60. EMPLOY CODE<br>1  |  |
| 61. SPEC. REFERENCE<br>12/27/54   |  | 62. EMPLOY CODE<br>1  |  |
| 63. SPEC. REFERENCE<br>12/27/54   |  | 64. EMPLOY CODE<br>1  |  |
| 65. SPEC. REFERENCE<br>12/27/54   |  | 66. EMPLOY CODE<br>1  |  |
| 67. SPEC. REFERENCE<br>12/27/54   |  | 68. EMPLOY CODE<br>1  |  |
| 69. SPEC. REFERENCE<br>12/27/54   |  | 70. EMPLOY CODE<br>1  |  |
| 71. SPEC. REFERENCE<br>12/27/54   |  | 72. EMPLOY CODE<br>1  |  |
| 73. SPEC. REFERENCE<br>12/27/54   |  | 74. EMPLOY CODE<br>1  |  |
| 75. SPEC. REFERENCE<br>12/27/54   |  | 76. EMPLOY CODE<br>1  |  |
| 77. SPEC. REFERENCE<br>12/27/54   |  | 78. EMPLOY CODE<br>1  |  |
| 79. SPEC. REFERENCE<br>12/27/54   |  | 80. EMPLOY CODE<br>1  |  |
| 81. SPEC. REFERENCE<br>12/27/54   |  | 82. EMPLOY CODE<br>1  |  |
| 83. SPEC. REFERENCE<br>12/27/54   |  | 84. EMPLOY CODE<br>1  |  |
| 85. SPEC. REFERENCE<br>12/27/54   |  | 86. EMPLOY CODE<br>1  |  |
| 87. SPEC. REFERENCE<br>12/27/54   |  | 88. EMPLOY CODE<br>1  |  |
| 89. SPEC. REFERENCE<br>12/27/54   |  | 90. EMPLOY CODE<br>1  |  |
| 91. SPEC. REFERENCE<br>12/27/54   |  | 92. EMPLOY CODE<br>1  |  |
| 93. SPEC. REFERENCE<br>12/27/54   |  | 94. EMPLOY CODE<br>1  |  |
| 95. SPEC. REFERENCE<br>12/27/54   |  | 96. EMPLOY CODE<br>1  |  |
| 97. SPEC. REFERENCE<br>12/27/54   |  | 98. EMPLOY CODE<br>1  |  |
| 99. SPEC. REFERENCE<br>12/27/54   |  | 100. EMPLOY CODE<br>1   |  |

~~SECRET~~



**SECRET**  
(When Filled In)

## REQUEST FOR SECURITY CLEARANCE

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| NAME (LAST, FIRST, MIDDLE)<br><b>PICCOLLO, JOSEPH STEPHAN</b>  |  |  |  | REQUEST NO. (11-2)<br><b>10773</b>          |  |
| POSITION TITLE<br><b>Intelligence Assistant</b>  |  |  |  | REQUEST DATE (10-11)<br><b>12 July 1962</b> |  |
| LOCATION (CITY, STATE, COUNTRY)<br><b>Washington, D.C.</b>   |  |  |  | YEAR OF BIRTH (10-20)<br><b>1935</b>        |  |
| POSITION NUMBER (101-80)<br><b>0685</b>  |  | OCCUP. CODE (107-42)<br><b>0301.28</b>       |  | GRADE (100-44)<br><b>05-07</b>              |  |
| ASSIGNMENT (OFFICE, DIVISION, BRANCH)<br><b>IDP/TFW</b>  |  |  |  | ORGN. CODE (100-40)<br><b>1</b>             |  |
| TYPE OF APPLICANT<br><input checked="" type="checkbox"/> REGULAR<br><input type="checkbox"/> CONTRACT<br><input type="checkbox"/> MILITARY                                   |  | CONVERSION ACTION<br><b>Reemployment Mil</b> |  | TYPE OF APPL. (100)<br><b>7</b>             |  |
| NAME OF REQUESTER (OR OFFICIAL)<br><b>E.D. Echols/hc</b>   |  |  |  | NUGITS. & FUND (100)<br><b>1</b>            |  |
| TYPE OF ASSIGNMENT AND FUNDS<br><input type="checkbox"/> AGS <input type="checkbox"/> USF <input type="checkbox"/> PF <input type="checkbox"/> V <input type="checkbox"/> UV |  |  |  | CLEARANCE (11)<br><b>SECRET</b>             |  |
| CLEARANCE REQUIRED<br>PROVISIONAL FOR (INDICATE NAME OF POOL OR GROUP)   |  |  |  | FULL  |  |
| ATTACHMENTS<br>PERSONAL HISTORY STATEMENT  |  | APPENDIX I                                   |  | REQUEST FOR WAIVER                          |  |
| PHOTOGRAPH(S)  |  | APPENDIX II                                  |  | REPORT OF INTERVIEW                         |  |
| VETERAN STATUS<br>MALE - VETERAN   |  | FEMALE - VETERAN                             |  | RECRUIT CODE (100-04)                       |  |
| MALE - NON-VETERAN   |  | FEMALE - NON-VETERAN                         |  | VET PREF. & SEX (100)<br><b>1</b>           |  |

IAR attached. Your Case # 109709.

Re-Employment Military

SPACE BELOW FOR OS USE ONLY



19 June 1962

Director of Personnel  
Central Intelligence Agency  
2430 "E" Street, N.W.  
Washington 25, D.C.

Dear Sir:

In accordance with the instructions I received upon departing the Agency for Military Duty, I hereby apply for reinstatement with the Agency, effective 27 August 1962. My Unit is scheduled for discharge on 24 August 1962.

Since 1 October 1961, I have been serving on active duty with the United States Air Force in the 121st Tactical Fighter Squadron which is a part of the 113th Tactical Fighter Wing, and have been stationed at Andrews AFB, Washington, D.C. with the exception of several TDY trips as noted below. I have not left the continental limits of the United States in this tour of Active Duty.

|                        |                                      |
|------------------------|--------------------------------------|
| 16 Oct 61 to 3 Nov 61  | Nellis AFB, Las Vegas, Nevada        |
| 27 Nov 61 to 2 Dec 61  | Myrtle Beach AFB, Myrtle Beach, S.C. |
| 12 Feb 62 to 17 Mar 62 | Myrtle Beach AFB, Myrtle Beach, S.C. |
| 2 May 62 to 11 May 62  | Robins AFB, Warner-Robins, Ga.       |

My duties have been as an Administrative Specialist, first in the Unit Maintenance Section then in the Unit Orderly Room, with an additional duty of acting First Sergeant and Disaster Control NOIC.

My financial situation dictates that I return to gainful employment at the earliest possible date, ergo the request for 27 August 1962. However, the need to attend to some personal affairs will require that I be absent from Washington D.C. for the week of 3 through 7 September 1962. Therefore, if at all possible, I would like to be placed on five (5) days of advanced annual leave for 3 through 7 September or five days LWOP. If neither of the two aforementioned requests can be granted, then I request reinstatement effective 10 September 1962.

I do not anticipate any further travel from the Washington D.C. area prior to my release from active duty and will be available for personal interview if desired. I may be contacted at the following address and phone number:

SGT Joseph S. Fiocole AF22928914  
121st Tactical Fighter Squadron  
Andrews AFB, Washington 25, D.C.  
Tel: 981-3218

Yours Sincerely,

Joseph S. Fiocole



OPF

TEAM

SGT Joseph B. Piccolo AF2292891A  
121st Tactical Fighter Squadron  
Andrews Air Force Base  
Washington 25, D. C.

Dear Mr. Piccolo:

This will acknowledge the receipt of your letter dated 17 January 1962 regarding your unpaid annual leave.

We have been advised by our payroll office that a check for your unpaid annual leave will be mailed to you on 16 February 1962, in accordance with your request.

Very truly yours,

(SIGNED) H. F. HEGGEN

H. F. Heggen  
Office of Personnel

Distribution:  
O-Addressee  
1-OIT  
1-C/ESD  
1-ECB Reader

OP/ESD/ERDougherty:lab (24 Jan 62)



121st Tactical Fighter Squadron  
Andrews Air Force Base  
Washington 25, D.C.  
17 January 1962

Director of Personnel  
Central Intelligence Agency  
2430 "E" Street N.W.  
Washington, D.C.

Dear Sir:

On 4 October 1961 I separated from the Agency as I was called to active duty with the United States Air Force in the defense mobilization. I left my annual leave, sick leave, and retirement accounts in escrow status as I planned to return to the Agency upon release from the military. I still intend to return to the Agency. However, I would now like to be paid in coin of the realm for the amount of annual leave which I left in escrow. It is further requested that my sick leave and retirement accounts be maintained on an escrow status.

Please forward correspondence on the above to the following address:

SSGT Joseph S. Piccolo AF22928914  
121st Tactical Fighter Squadron  
Andrews Air Force Base  
Washington 25, D.C.

Yours Sincerely,

*Joseph S. Piccolo*  
Joseph S. Piccolo

1/24/62 Mrs. Betty McShan advised me that a check for unpaid annual leave would be mailed to subject on 16 Feb 62. He forwarded therewith of this letter to Payroll Branch for attention of Mr. [redacted] in accordance with her request.

Enclosure *[Signature]*

121st Tactical Fighter Squadron  
Andrews Air Force Base

7812 2106-81

DLCE/AGD



Orig. fwd to Phil Bowers. <sup>above</sup> 1414 Barton Hall.  
EHS



3 April 1962

Mr. W.F. Hopper  
Chief, Benefits and Services Division  
Central Intelligence Agency  
Washington 25, D.C.

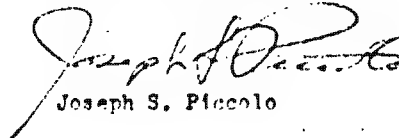
Dear Mr. Hopper:

Enclosed please find the signed Application for Leave as requested in your letter. Your attention and consideration of this matter in my behalf is greatly appreciated.

Please forward any further correspondence on this matter to my address at Andrews Air Force Base, Washington D.C.

Hoping for an early release from duty and return to the fold, I remain,

Yours Sincerely,

  
Joseph S. Piccolo

RECEIVED

APR 2 1 5-PM '62



SSGT Joseph E. Piccolo, AF22928914  
121st Tactical Fighter Squadron  
Andrews Air Force Base  
Washington 25, D. C.

Dear Mr. Piccolo:

We have reviewed your Agency personnel file in connection with your military separation which was effective 4 October 1961.

Our interpretation of Comptroller General rulings indicate that the provisions of Public Law 87-378 would preclude any further military leave for employees in your category during the calendar year 1961. However, this is not viewed as erasing your entitlement to military leave in 1962 for this period of active duty.

Our records reveal that you were granted 3 days military leave in October 1961 for this tour of active duty, and accordingly, we believe that you are entitled to an additional 12 days of paid military leave.

We have enclosed an Application for Leave (Standard Form 71) for your signature and return to us. We will complete the form for you and forward it to your office for their approval.

Very truly yours,

H. F. Heggan  
Chief, Benefits and Services Division

Enclosure:  
Standard Form 71  
Distribution:  
0 - Addressee  
1 - COC  
1 - E/Pers  
1 - C/USD  
1 - OPP  
1 - BCU Rm 'er

15/   
CONCUR: Office of General Counsel

CF/USD/BCU/  (15 March 62)



SECRET


(When Filled In)

| REQUEST FOR PERSONNEL ACTION  |  |  |  | DATE PREPARED   |  |
|---|--|--|--|---|--|
| 1. SERIAL NUMBER<br><b>25048</b>  |  | 2. NAME (Last-First-Middle)<br><b>PICCOLI, Joseph S.</b> <i>aff data 1074/61 EKS</i>   |  |   |  |
| 3. NATURE OF PERSONNEL ACTION<br><b>SEPARATION (MILITARY)</b>   |  | 4. EFFECTIVE DATE REQUESTED<br><b>12-29-61</b>   |  | 5. CATEGORY OF EMPLOYMENT<br><b>REGULAR</b>                                     |  |
| 6. FUNDS<br><b>X</b> <input checked="" type="checkbox"/> <b>V TO V</b> <input type="checkbox"/> <b>V TO CF</b> <input type="checkbox"/><br><b>CF TO V</b> <input type="checkbox"/> <b>CF TO CF</b> <input type="checkbox"/> |  | 7. POST CENTER NO. (CHANGEABLE)<br><b>2635-5000-2021</b>   |  | 8. LEGAL AUTHORITY (Completed by Office of Personnel)<br><b>C. S. REG. 32.2</b> |  |
| 9. ORGANIZATIONAL DESIGNATIONS<br><b>DDF, AS Divn.<br/>Branch 4</b>   |  | 10. LOCATION OF OFFICIAL STATION<br><b>Washington, D. C.</b>   |  |   |  |
| 11. <i>Intelligence</i><br><b>ASST (D)</b>  |  | 12. POSITION NUMBER<br><b>0629</b>   |  | 13. PER CONTROL NO.<br><b>D</b>   |  |
| 14. CLASSIFICATION SCHEDULE (GS, LP, etc.)<br><b>GS (7)</b>   |  | 15. OCCUPATIONAL SERIES<br><b>0301.28</b>  |  | 16. GRADE AND STEP<br><b>07 (2)</b>   |  |
| 17. SALARY OR RATE<br><b>5520</b>   |  | 18. REMARKS<br><br>Subject requests that payment for unused Annual Leave and retirement benefits be held in escrow pending his return from military service.<br><br><i>mil leave 2-4 at 61. EKS</i><br><i>LWD - 29 Dec 61</i><br><br>1 cy to Payroll |  |   |  |
| 19. SIGNATURE OF REQUESTING OFFICIAL<br><i>Phil C. Rogers</i><br><b>PHILIP C. ROGERS, Chief, W/Personnel</b>  |  | 20. [Signature Box]  |  |   |  |
| SPACE BELOW FOR EXCLUSIVE USE OF  |  |  |  |   |  |
| 21. ACTION CODE<br><b>48 12</b>   |  | 22. OFFICE CODE<br><b>1</b>  |  | 23. DATE<br><b>12-08-61</b>   |  |
| 24. DATE EMP. BY<br><b>12-08-61</b>   |  | 25. SPECIAL REFERENCE<br><b>1, B6, 2, 5, 1</b>   |  | 26. DATE OF DATA<br><b>12-08-61</b>   |  |
| 27. DATE OF DATA<br><b>12-08-61</b>   |  | 28. DATE OF DATA<br><b>12-08-61</b>  |  | 29. DATE OF DATA<br><b>12-08-61</b>   |  |
| 30. DATE OF DATA<br><b>12-08-61</b>   |  | 31. DATE OF DATA<br><b>12-08-61</b>  |  | 32. DATE OF DATA<br><b>12-08-61</b>   |  |
| 33. DATE OF DATA<br><b>12-08-61</b>   |  | 34. DATE OF DATA<br><b>12-08-61</b>  |  | 35. DATE OF DATA<br><b>12-08-61</b>   |  |
| 36. DATE OF DATA<br><b>12-08-61</b>   |  | 37. DATE OF DATA<br><b>12-08-61</b>  |  | 38. DATE OF DATA<br><b>12-08-61</b>   |  |
| 39. DATE OF DATA<br><b>12-08-61</b>   |  | 40. DATE OF DATA<br><b>12-08-61</b>  |  | 41. DATE OF DATA<br><b>12-08-61</b>   |  |
| 42. DATE OF DATA<br><b>12-08-61</b>   |  | 43. DATE OF DATA<br><b>12-08-61</b>  |  | 44. DATE OF DATA<br><b>12-08-61</b>   |  |
| 45. POSITION CONTROL CERTIFICATION<br><b>1-8/61</b>   |  | 46. G.P. APPROVAL<br><b>17/61</b>  |  |   |  |

SECRET



PSC: 1001 1001

| NOTIFICATION OF PERSONNEL ACTION  |  |                                   |                                  |                                |                                 |
|---|--|-----------------------------------|----------------------------------|--------------------------------|---------------------------------|
| OLF   |  |                                   |                                  |                                |                                 |
| 1. SERIAL NUMBER  |  | 2. NAME (LAST-FIRST MIDDLE)       |                                  |                                |                                 |
| 025058  |  | PICCOLO JOSEPH S                  |                                  |                                |                                 |
| 3. NATURE OF PERSONNEL ACTION   |  |                                   | 4. EFFECTIVE DATE                |                                | 5. CATEGORY OF EMPLOYMENT       |
| SEPARATION (MILITARY)   |  |                                   | MO. DA YR.<br>10 04 01           |                                | REGULAR                         |
| 6. FUNDS  | <input checked="" type="checkbox"/> V TO V | <input type="checkbox"/> V TO CF  | 7. COST CENTER NO. CHARGEABLE    |                                | 8. CSC OR OTHER LEGAL AUTHORITY |
|   | <input type="checkbox"/> CF TO V           | <input type="checkbox"/> CF TO CF | 2035 5000 8021                   |                                | C.S. RLG. 35.2                  |
| 9. ORGANIZATIONAL DESIGNATIONS  |  |                                   | 10. LOCATION OF OFFICIAL STATION |                                |                                 |
| 11. POSITION TITLE  |  |                                   | 12. POSITION NUMBER              | 13. CAREER SERVICE DESIGNATION |                                 |
| INTELLIGENCE ASST   |  |                                   | 0629                             | D                              |                                 |
| 14. CLASSIFICATION SCHEDULE (GS, WB, etc.)  |  | 15. OCCUPATIONAL SERIES           | 16. GRADE AND STEP               | 17. SALARY OR RATE             |                                 |
| GS  |  | 0301.28                           | 07 2                             | 9520                           |                                 |
| 18. REMARKS   |  |                                   |                                  |                                |                                 |
| ANNUAL LEAVE AND RETIREMENT TO BE HELD IN ESCROW.                                   |  |                                   |                                  |                                |                                 |
| SIGNATURE OR OTHER AUTHENTICATION   |  |                                   |                                  |                                |                                 |
|  |  |                                   |                                  |                                |                                 |



HEADQUARTERS  
110TH TACTICAL FIGHTER WING  
District of Columbia Air National Guard  
Andrews Air Force Base, Washington 25, D. C.

SPECIAL ORDERS)  
NUMBER 228)

13 September 1961

1. By direction of the President, the following named Airman, (ANGUS), are ordered to extended active duty IAW Special Order G-34, Hq Tactical Air Command, Dated 1 September 1961 Involuntary, IAW AFM 43-2, 1 May 1961.

ADN Number: AMS 002.

ASSIGNMENT: Relieved from 121st Tactical Fighter Squadron (SD), District of Columbia Air National Guard, Andrews Air Force Base, Washington 25, D. C. and assigned to 121st Tactical Fighter Squadron (SD), Andrews Air Force Base, Washington 25, D. C., Tactical Air Command, with further assignment 12th Air Force.

REPORTING DATA: Effective date of entry 1 October 1961. Individuals will proceed to Andrews Air Force Base, Washington 25, D. C. on effective date of duty. Report to Commander, 121st Tactical Fighter Squadron (SD), not later than 0800, 1 October 1961.

GENERAL INSTRUCTIONS: Continuation on active duty is upon successful completion of physical examination to be accomplished as soon as practicable after reporting for duty unless already accomplished. Individuals not successfully completing physical examination will be processed for release IAW AFM 35-4. AUTHORITY: Authority confirmed by Public Law 117, 87th Congress; Hq USAF Message AFCCF 98401, 31 August 1961 and DAF AFOM Letter 653M, 29 August 1961.

TRANSPORTATION: Travel as directed is necessary in the Military Service. Travel by privately owned conveyance with NO days travel time authorized. If privately owned conveyance is not used, travel time will be the time of common carrier used. Transportation of dependents and movement of household goods is not authorized except as specifically provided by AFM 43-2.

FUNDING: AMN PAY & ALMS: 5723500 24P-211 P514 S503725 0100

TRAVEL: 5723500 P534.02 S503725 2132 2290

AIRMAN

SSgt ARTHUR S JETT SR, AF13474686, PAFSC 43151C, DAFSC 43151C, (Date of Separation: 8 April 1962)(HQR: Box 322A, 300 Bellefonte Lane, Clinton, Md)

SSgt HARRY E KNUITSON, AFJ7562536, PAFSC 70250, DAFSC 70250, (Date of Separation: 12 November 1963)(HQR: 822 Green Street, Alexandria, Va)

SSgt BARRY G MADDEN, AF13463856, PAFSC 43151C, DAFSC 43151C, (Date of Separation: 15 March 1963)(HQR: 7006 Greig St, Apt 28, Washington 27, DC)

SSgt MELVIN O MYERS, AF13535676, PAFSC 43151C, DAFSC 43151C, (Date of Separation: 1 May 1964)(HQR: 5411 Dumphrey Drive, Washington 28, DC)

SSgt GRANVILLE R NICHOLS, AF13464103, PAFSC 43151C, DAFSC 43171C, (Date of Separation: 5 May 1963)(HQR: 6423 Pendall Drive SE, Washington 20, DC)



SO 228 HQ 113TH TACFTWAG, DCANG, Andrews AFB, Washington 25, DC, 13 Sep 61

SSgt JAMES J PENNINGTON, AF13429714, PAFSC 43151C, DAFSC 43151C, (Date of Separation: 23 August 1962)(HQR: Cheltenham, MI)

SSgt JOSEPH S PICCOLI, AF22928914, PAFSC 70250, DAFSC 70250, (Date of Separation: 8 September 1963)(HQR: 1850 Columbia Pike, Arlington 4, VA)

SSgt HAROLD S QUILLEN JR, AF13546060, PAFSC 27150, DAFSC 27150, (Date of Separation: 26 June 1962)(HQR: 3404 79th Ave SE, Washington 25, DC)

SSgt RAYMOND D SHAUVER, AF16431357, PAFSC 43151C, DAFSC 43151C, (Date of Separation: 24 February 1963)(HQR: Box 11, Clinton, MI)

SSgt ROBERT J SPREDEL, AF22928352, PAFSC 43151C, DAFSC 43151C, (Date of Separation: 1 March 1962)(HQR: 614 Stage Rd, Mitchellville, MI)

SSgt CLIFFORD N STONE, AF13466764, PAFSC 64650, DAFSC 64650, (Date of Separation: 13 March 1964)(HQR: 909 Emerson Street Rd, Washington, DC)

SSgt JOHN J TOLTOWICZ, AF13444357, PAFSC 43151C, DAFSC 43151C, (Date of Separation: 26 April 1964)(HQR: 122 72th St, Seat Pleasant, MI)

ALC RONALD E ANDERSON, AF22928298, PAFSC 43151C, DAFSC 43151C, (Date of Separation: 24 September 1963)(HQR: 908 Hudson Ave, Takoma Park, MI)(Over 4 Yrs Svc)

ALC ROBERT D BARNES, AF18501663, PAFSC 43151C, DAFSC 43151C, (Date of Separation: 7 October 1963)(HQR: 7608 Atwood Drive, District Heights, MI)(Over 4 Yrs Svc)

ALC JOHN F BLOCK, AF22928211, PAFSC 43151C, DAFSC 43151C, (Date of Separation: 10 March 1962)(HQR: 214 S. Adam Street, Arlington 4, Va)(Over 4 Yrs Svc)

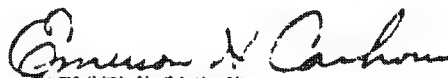
ALC CARL W BRAGG, AF13574198, PAFSC 43151C, DAFSC 43151C, (Date of Separation: 12 August 1963)(HQR: 4 W. Nelson Street, Apt 302, Alexandria, Va)(Over 4 Yrs Svc)

ALC JIMMY L CARTER, AF18496933, PAFSC 43151C, DAFSC 43151C, (Date of Separation: 3 June 1963)(HQR: 4704 Hudson Ave, Apt 3, Washington 25, DC)(Over 4 Yrs Svc)

ALC EDWARD J JENKINS, AF22932705, PAFSC 43151C, DAFSC 43151C, (Date of Separation: 18 January 1963)(HQR: 3594 Martha Curtis Drive, Alexandria, Va)(Over 4 Yrs Svc)

ALC FRANCIS M KOSCHEKA, AF23739492, PAFSC 43151C, DAFSC 43151C, (Date of Separation: 7 April 1964)(HQR: 7354 Forrest Rd, Apt 201, Hyattsville, MI)(Over 4 Yrs Svc)

FOR THE COMMANDER:

  
EMERSON H CASHOCK  
CWO W-3, DCANG  
Asst Administrative Officer

DISTRIBUTION



|               |  |                             |  |                                   |                                     |                       |                   |          |               |          |           |                        |  |
|---------------|--|-----------------------------|--|-----------------------------------|-------------------------------------|-----------------------|-------------------|----------|---------------|----------|-----------|------------------------|--|
| V to V        |  | V to UV                     |  | <b>SECRET</b><br>(When Filled In) | <b>REQUEST FOR PERSONNEL ACTION</b> |                       |                   |          | DATE PREPARED |          |           |                        |  |
| UV to V       |  | UV to UV                    |  |                                   |                                     |                       |                   |          |               |          |           |                        |  |
| 1. Serial No. |  | 2. Name (Last First Middle) |  |                                   | 3. Date of Birth                    |                       | 4. Vol. Pref.     |          | 5. Sex        |          | 6. CS 100 |                        |  |
| 12503         |  | MISCOLO JOSEPH C            |  |                                   | 12 (M) 35                           |                       | 5 Pt 1<br>10 Pt 2 |          | 0 M 1         |          | 02 04 37  |                        |  |
| 7. VCD        |  | 8. CSC Permit               |  | 9. CSC Or Other Legal Authority   |                                     | 10. Agent Affiliation |                   | 11. REGU |               | 12. ICD  |           | 13. All Serv. Code ICD |  |
| 12 27 54      |  | 1 1                         |  | 50 USCA 403 J                     |                                     |                       |                   | 1 1      |               | 02 34 37 |           | 1 1                    |  |

3A

**CURRENT ASSIGNMENT**

|                       |  |                          |  |                                  |  |                   |  |
|-----------------------|--|--------------------------|--|----------------------------------|--|-------------------|--|
| 14. Org. Designations |  | Code                     |  | 15. Location Of Official Station |  | Station Code      |  |
| DEPT WH<br>BRANCH 4   |  | 4617                     |  | WASH., D.C.                      |  | 75013             |  |
| 16. Dept. Field       |  | 17. Position Title       |  | 18. Position No.                 |  | 19. Ser.          |  |
| 2                     |  | INTELL ASST              |  | 0629                             |  | G3                |  |
| 20. Grade & Step      |  | 21. Salary Or Rate       |  | 22. SD                           |  | 23. Date Of Grade |  |
| 50 2                  |  | 4995                     |  | D                                |  | 06 12 59          |  |
| 24. Pst Due           |  | 25. Appropriation Number |  | 26. Date Of Grade                |  | 27. Pst Due       |  |
| 1235 1000 1000        |  | 1235 1000 1000           |  | 06 12 59                         |  | 06 12 59          |  |

**ACTION 06 25 61**

|                      |  |      |  |             |  |                      |  |      |  |                     |  |
|----------------------|--|------|--|-------------|--|----------------------|--|------|--|---------------------|--|
| 27. Nature Of Action |  | Code |  | 28. Pst Due |  | 29. Type Of Employee |  | Code |  | 30. Separation Date |  |
| PROMOTION            |  | 30   |  | 07 12 60    |  | REGULAR              |  | 01   |  |                     |  |

**PROPOSED ASSIGNMENT**

|                       |  |                          |  |                                  |  |                   |  |
|-----------------------|--|--------------------------|--|----------------------------------|--|-------------------|--|
| 31. Org. Designations |  | Code                     |  | 32. Location Of Official Station |  | Station Code      |  |
|                       |  | 4617                     |  |                                  |  | 75013             |  |
| 33. Dept. Field       |  | 34. Position Title       |  | 35. Position No.                 |  | 36. Ser.          |  |
| 2                     |  |                          |  |                                  |  | G3                |  |
| 37. Grade & Step      |  | 38. Salary Or Rate       |  | 39. SD                           |  | 40. Date Of Grade |  |
| 07 1                  |  | 5355                     |  |                                  |  | 07 24 60          |  |
| 41. Pst Due           |  | 42. Appropriation Number |  | 43. Date Of Grade                |  | 44. Pst Due       |  |
| 07 23 61              |  |                          |  | 07 23 61                         |  |                   |  |

**SOURCE OF REQUEST**

|   |  |               |  |
|---|--|---------------|--|
| 45. Request Approved By (Signature And Title)           |  | Date Approved |  |
| C. BOWERS WH/PERSONNEL OFFICER                          |  |               |  |
| 46. Additional Information Call (Name & Telephone Ext.) |  |               |  |
| John Washinko X8242                                     |  |               |  |

**CLEARANCES**

|                                |  |           |  |         |  |
|--------------------------------|--|-----------|--|---------|--|
| Clearance                      |  | Signature |  | Date    |  |
| A. Current Status              |  |           |  | 7-24-60 |  |
| B. For Control                 |  |           |  | 7-25-60 |  |
| C. Classification              |  |           |  | 7-25-60 |  |
| Remarks                        |  |           |  |         |  |
| Recorded by<br>CSPD<br>7-22-61 |  |           |  |         |  |



SECRET

## REQUEST FOR PERSONNEL ACTION

|                                   |  |   |  |  |  |   |  |                            |  |  |  |
|-----------------------------------|--|---|--|--|--|---|--|----------------------------|--|--|--|
| 1. Serial No.<br>525550           |  | 2. Name (Last-First-Middle)<br>MICHAEL JOSEPH S |  | 3. Date Of Birth<br>Mo. Da. Yr.<br>10 05 51  |  | 4. Vet. Pref.<br>None-0<br>5 Pt-1<br>10 Pt-2  |  | 5. Sex<br>M 1              |  | 6. CS-EOD<br>Mo. Da. Yr.<br>00 00 51       |  |
| 7. SCD<br>Mo. Da. Yr.<br>12 07 58 |  | 8. CSC Permit<br>Yes-1<br>No-2                  |  | 9. CSC Or Other Legal Authority<br>Code<br>1 |  | 10. Apmt. Affidav.<br>Mo. Da. Yr.<br>12 07 58 |  | 11. FEGLI<br>Yes-1<br>No-2 |  | 12. LCD<br>Mo. Da. Yr.<br>12 07 58         |  |
|                                   |  |   |  |  |  |   |  |                            |  | 13. Mil. Serv. Credit Vcd<br>Yes-1<br>No-2 |  |

## PREVIOUS ASSIGNMENT

|  |  |   |  |   |  |  |  |
|--|--|---|--|---|--|--|--|
| 14. Organizational Designations<br>CS/CS DEV COMP<br>DDP WH DIVISION |  | Code<br>4688                            |  | 15. Location Of Official Station<br>WASH., D.C. |  | Station Code<br>75013                        |  |
| 16. Dept. - Field<br>Dept. - USld - Frgn -<br>Code<br>1              |  | 17. Position Title<br>MAIL AND FILE SUP |  | 18. Position No.<br>011060                      |  | 19. Serv. GS                                 |  |
| 20. Occup. Series<br>0305.05   |  |   |  |   |  |  |  |
| 21. Grade & Step<br>06 1   |  | 22. Salary Or Rate<br>\$ 4490           |  | 23. SD<br>DS                                    |  | 24. Date Of Grade<br>Mo. Da. Yr.<br>00 12 52 |  |
|  |  |   |  | 25. PSI Due<br>Mo. Da. Yr.<br>00 12 50          |  | 26. Appropriation Number<br>0320 1978        |  |

## ACTION

|   |  |            |  |  |  |                                 |  |            |  |                     |  |
|---|--|------------|--|--|--|---------------------------------|--|------------|--|---------------------|--|
| 27. Nature Of Action<br>REASSIGNMENT AND TRANSFER<br>TO VOUCHERED FUNDS |  | Code<br>01 |  | 28. Eff. Date<br>Mo. Da. Yr.<br>04 17 60 |  | 29. Type Of Employee<br>REGULAR |  | Code<br>01 |  | 30. Separation Data |  |
|---|--|------------|--|--|--|---------------------------------|--|------------|--|---------------------|--|

## PRESENT ASSIGNMENT

|  |  |                                   |  |  |  |  |  |
|--|--|-----------------------------------|--|--|--|--|--|
| 31. Organizational Designations<br>DIP WH<br>BRANCH 4        |  | Code<br>4617                      |  | 32. Location Of Official Station<br>WASH., D. C. |  | Station Code                               |  |
| 33. Dept. - Field<br>Dept. - X<br>USld - Frgn -<br>Code<br>2 |  | 34. Position Title<br>INTELL ASST |  | 35. Position No.<br>BA-629                       |  | 36. Serv. GS                               |  |
| 37. Occup. Series<br>0301.28                                 |  |                                   |  |  |  |  |  |
| 38. Grade & Step<br>06 1                                     |  | 39. Salary Or Rate<br>\$ 4490     |  | 40. SD<br>D                                      |  | 41. Date Of Grade<br>Mo. Da. Yr.           |  |
|  |  |                                   |  | 42. PSI Due<br>Mo. Da. Yr.                       |  | 43. Appropriation Number<br>0235 1000 1000 |  |

## SOURCE OF REQUEST

|   |  |  |  |
|---|--|--|--|
| A. Requested By (Name And Title)<br>P. C. BOWERS WH/PERSONNEL OFFICER |  | C. Request Approved By (Signature And Title) |  |
| B. For Additional Information Call (Name & Telephone Ext.)<br>R9242   |  |  |  |

## CLEARANCES

|                                     |  |           |  |      |  |                |  |           |  |          |  |
|-------------------------------------|--|-----------|--|------|--|----------------|--|-----------|--|----------|--|
| Clearance                           |  | Signature |  | Date |  | Clearance      |  | Signature |  | Date     |  |
| A. Career Board                     |  |           |  |      |  | D. Placement   |  |           |  |          |  |
| B. Pos. Control                     |  |           |  |      |  | E.             |  |           |  |          |  |
| C. Classification                   |  |           |  |      |  | F. Approved By |  |           |  | 11-14-60 |  |
| Remarks: Staffing Complement Change |  |           |  |      |  |                |  |           |  |          |  |
| 2 copies to Security.               |  |           |  |      |  |                |  |           |  |          |  |
| Recorded by<br>ESPA                 |  |           |  |      |  |                |  |           |  |          |  |

SECRET

4-12-60

(4)



S-E-C-R-E-T

MEMORANDUM FOR: Joseph S. Piccolo

VIA : Chief, WH

1. The problem of effective management of the operational records of the Clandestine Services is one of our most important responsibilities. In this connection, you have been selected by your Division, and authorized by the Clandestine Services Records Committee, to act as Records Officer for your component. Your selection is based on your professional qualifications to carry out an assignment requiring experience, judgment, and a knowledge of the objectives of the Clandestine Services. A copy of this memorandum will be placed in your official personnel folder to record your appointment as Records Officer.

2. You are to act on behalf of your Division or Staff element in authorizing the destruction of material of no value to the Clandestine Services in accordance with criteria established for this purpose. You are empowered to authorize the destruction of documents and index cards recommended for destruction by other members of your Branch, and to desensitize KAPOK and RYBAT material which is no longer sensitive or which has been restricted in error. Your signature will be recognized by RID as that of an officially appointed Records Officer.

3. At the meeting of 15 March 1960, you were briefed on the details of your duties as Records Officer. It is now considered that you will be able fully to execute your duties as Records Officer and thus make a real contribution to the CS Records Management Program.

  
WENDELL E. LITTLE  
DDP/RMO

cc: Personnel Jacket of Addressee

S-E-C-R-E-T



**SECRET**

**REQUEST FOR PERSONNEL ACTION**

|                         |  |                             |  |           |  |                                 |  |  |                                    |                                    |        |               |                         |           |  |
|-------------------------|--|-----------------------------|--|-----------|--|---------------------------------|--|--|------------------------------------|------------------------------------|--------|---------------|-------------------------|-----------|--|
| 1. Serial No            |  | 2. Name (Last-First-Middle) |  |           |  | 3. Date Of Birth                |  |  | 4. Vol Prof.                       |                                    | 5. Sex |               | 6. CS - LCD             |           |  |
| 525658                  |  | PICCOLO JOSEPH S            |  |           |  | Mo. Da. Yr.<br>12 05 35         |  |  | None 0 Code<br>5 Pt-1 0<br>10 Pt-9 |                                    | M 1    |               | Mo. Da. Yr.<br>02 04 57 |           |  |
| 7. SCD                  |  | 8. CSC Ref-t                |  |           |  | 9. CSC Or Other Legal Authority |  |  |                                    | 10. Appt. Affidav                  |        | 11. FLGLI     |                         | 12. LCD   |  |
| Mo. Da. Yr.<br>12 27 54 |  | Yes-1<br>No-2               |  | Code<br>1 |  | 50 USCA 403 J                   |  |  |                                    | Mo. Da. Yr.<br>Mo. Da. Yr.<br>No-2 |        | Yes-1<br>No-2 |                         | Code<br>2 |  |

**PREVIOUS ASSIGNMENT**

|                                 |  |                    |  |                   |  |                                  |  |                         |  |   |  |
|---------------------------------|--|--------------------|--|-------------------|--|----------------------------------|--|-------------------------|--|---|--|
| 14. Organizational Designations |  |                    |  | Code              |  | 15. Location Of Official Station |  |                         |  | Station Code                              |  |
| COP WH<br>BRANCH III            |  |                    |  |                   |  |                                  |  |                         |  |   |  |
| STATION                         |  |                    |  | 4652              |  |                                  |  |                         |  | 35075                                     |  |
| 16. Dept. - Field               |  | 17. Position Title |  | 18. Position No.  |  | 19. Serv.                        |  | 20. Occup. Series       |  |   |  |
| Dept -<br>USfld -<br>Frgr -     |  | Code<br>5          |  | MAIL AND FILE SUP |  | 0510                             |  | GS                      |  | 0305.05                                   |  |
| 21. Grade & Step                |  | 22. Salary Or Rate |  | 23. SD            |  | 24. Date Of Grade                |  | 25. PSI Due             |  | 26. Appropriation Number                  |  |
| 06 1                            |  | \$ 4490            |  | DS                |  | Mo. Da. Yr.<br>06 28 53          |  | Mo. Da. Yr.<br>06 26 60 |  | 0135-5700-3000<br><del>XXXXXXXXXXXX</del> |  |

**ACTION**

|                      |  |      |  |                         |  |                      |  |      |  |                     |  |
|----------------------|--|------|--|-------------------------|--|----------------------|--|------|--|---------------------|--|
| 27. Nature Of Action |  | Code |  | 28. Eff. Date           |  | 29. Type Of Employee |  | Code |  | 30. Separation Date |  |
| REASSIGNMENT         |  |      |  | Mo. Da. Yr.<br>01 10 60 |  | REGULAR              |  |      |  |                     |  |

**PRESENT ASSIGNMENT**

|   |  |                    |  |                  |  |                                  |  |                   |  |                          |  |
|---|--|--------------------|--|------------------|--|----------------------------------|--|-------------------|--|--------------------------|--|
| 31. Organizational Designations                 |  |                    |  | Code             |  | 32. Location Of Official Station |  |                   |  | Station Code             |  |
| CS/CS DEVELOPMENT COMPLEMENT<br>DDP/WH DIVISION |  |                    |  | 0658             |  | WASHINGTON, D. C.                |  |                   |  |                          |  |
| 33. Dept. - Field                               |  | 34. Position Title |  | 35. Position No. |  | 36. Serv.                        |  | 37. Occup. Series |  |                          |  |
| Dept -<br>USfld -<br>Frgr -                     |  | Code<br>1          |  |                  |  | 010601                           |  |                   |  |                          |  |
| 38. Grade & Step                                |  | 39. Salary Or Rate |  | 40. SD           |  | 41. Date Of Grade                |  | 42. PSI Due       |  | 43. Appropriation Number |  |
|   |  | \$                 |  |                  |  | Mo. Da. Yr.<br>Mo. Da. Yr.       |  |                   |  | 0320-1998                |  |

**SOURCE OF REQUEST**

|  |  |  |  |
|--|--|--|--|
| A. Requested By (Name And Title)                           |  | C. Request Approved By (Signature And Title) |  |
| P. C. BOWERS WH/PERSONNEL OFFICER                          |  |  |  |
| B. For Additional Information Call (Name & Telephone Ext.) |  |  |  |
| X8242  |  |  |  |

**CLEARANCES**

|                   |  |      |  |                |  |           |  |      |  |
|-------------------|--|------|--|----------------|--|-----------|--|------|--|
| Clearance         |  | Date |  | Clearance      |  | Signature |  | Date |  |
| A. Career Board   |  |      |  | D. Placement   |  |           |  |      |  |
| B. Pos. Control   |  |      |  | E. Approved R. |  |           |  |      |  |
| C. Classification |  |      |  |                |  |           |  |      |  |

Remarks: OTHER - PENDING LUMP AT EXPIRATION OF ANNUAL LEAVE  
 To be effective beginning of first pay period in January 1960. Subject will be going on Leave Without Pay.  
 2 copies to Security Office.

**SECRET**



SECRET

## REQUEST FOR PERSONNEL ACTION

|               |                             |                                 |                             |               |             |
|---------------|-----------------------------|---------------------------------|-----------------------------|---------------|-------------|
| 1. Serial No. | 2. Name (Last-First-Middle) | 3. Date Of Birth                | 4. Vet. Print               | 5. Sex        | 6. CS - LOD |
|               | PICCOLO, JOSEPH S.          | Mo. Da. Yr. 12 08 35            | None 0<br>5 Pt-1<br>10 Pt-2 | Code 0 M 1    | Mo. Da. Yr. |
| 7. SCB        | 8. CSC Point                | 9. CSC Or Other Legal Authority | 10. Appt. Affidiv.          | 11. FEGLI     | 12. UCB     |
| Mo. Da. Yr.   | Yes-1<br>No-2               | Code                            | Mo. Da. Yr.                 | Yes-1<br>No-2 | Code        |

## PREVIOUS ASSIGNMENT

|   |                    |                                  |                          |
|---|--------------------|----------------------------------|--------------------------|
| 14. Organizational Designations                 | Code               | 15. Location Of Official Station | Station Code             |
| CS/CS DEVELOPMENT COMPLEMENT<br>DDP/WH DIVISION |                    | WASHINGTON, D. C.                |                          |
| 16. Dept. - Field                               | 17. Position Title | 18. Position No.                 | 19. Serr.                |
| Dept. -<br>USld -<br>Frqn -                     | Code               |                                  | Occup. Series            |
| 21. Grade & Step                                | 22. Salary Or Rate | 23. SD                           | 24. Date Of Grade        |
| \$  |                    |                                  | Mo. Da. Yr. 6 28 59      |
|   |                    |                                  | 25. PSI Due              |
|   |                    |                                  | Mo. Da. Yr. 6 26 60      |
|   |                    |                                  | 26. Appropriation Number |
|   |                    |                                  | 0320-1998                |

## ACTION

|  |      |               |                      |      |                     |
|--|------|---------------|----------------------|------|---------------------|
| 27. Nature Of Action                         | Code | 28. Eff. Date | 29. Type Of Employee | Case | 30. Separation Data |
| LEAVE WITHOUT PAY<br>(Not to exceed 12 mos.) |      | Mo. Da. Yr.   | REGULAR              |      |                     |

## PRESENT ASSIGNMENT

|                                 |                    |                                  |                          |
|---------------------------------|--------------------|----------------------------------|--------------------------|
| 31. Organizational Designations | Code               | 32. Location Of Official Station | Station Code             |
|                                 |                    | 1.25 60                          |                          |
| 33. Dept. - Field               | 34. Position Title | 35. Position No.                 | 36. Serr.                |
| Dept. -<br>USld -<br>Frqn -     | Code               |                                  | Occup. Series            |
| 38. Grade & Step                | 39. Salary Or Rate | 40. SD                           | 41. Date Of Grade        |
| \$                              |                    |                                  | Mo. Da. Yr.              |
|                                 |                    |                                  | 42. PSI Due              |
|                                 |                    |                                  | Mo. Da. Yr.              |
|                                 |                    |                                  | 43. Appropriation Number |

## SOURCE OF REQUEST

|  |  |
|--|--|
| A. Requested By (Name And Title)                           | C. Request Approved By (Signature And Title) |
| P. C. BOWERS WH/PERSONNEL OFFICER                          |  |
| B. For Additional Information Call (Name & Telephone Ext.) |  |
| X8242  |  |

## CLEARANCES

|                   |                |           |      |
|-------------------|----------------|-----------|------|
| Clerion           | Clearance      | Signature | Date |
| A. Career Is      |                |           |      |
| B. Pos. Control   |                |           |      |
| C. Classification |                |           |      |
|                   | F. Approved By |           |      |

## Remarks

Leave Without Pay to begin upon expiration of annual leave. LWOP status not to exceed twelve months.

1 copy to Security 1 copy to Finance

SECRET



~~SECRET~~

## REQUEST FOR PERSONNEL ACTION

|               |  |                             |  |                                 |  |                             |  |               |  |               |  |
|---------------|--|-----------------------------|--|---------------------------------|--|-----------------------------|--|---------------|--|---------------|--|
| 1. Serial No. |  | 2. Name (Last-First-Middle) |  | 3. Date Of Birth                |  | 4. Var. Year                |  | 5. Sex        |  | 6. CS - EOD   |  |
|               |  |                             |  | Mo. Da. Yr.                     |  | None-0<br>5 Pt-1<br>10 Pt-2 |  |               |  | Mo. Da. Yr.   |  |
| 7. SCD        |  | 8. Rank                     |  | 9. CSC Or Other Legal Authority |  | 10. Appt Affid. Yr.         |  | 11. FEGLI     |  | 12. TCD       |  |
| Mo. Da. Yr.   |  | Yes-1<br>No-2               |  |                                 |  | Mo. Da. Yr.                 |  | Yes-1<br>No-2 |  | Yes-1<br>No-2 |  |

### PREVIOUS ASSIGNMENT

|                                 |  |                    |  |                                  |  |                          |  |
|---------------------------------|--|--------------------|--|----------------------------------|--|--------------------------|--|
| 14. Organizational Designations |  | Code               |  | 15. Location Of Official Station |  | Station Code             |  |
| JDP W4<br>GRADUATE 111          |  |                    |  |                                  |  | 15-75                    |  |
| 16. Dept - Field                |  | 17. Position Title |  | 18. Position No.                 |  | 19. Serv.                |  |
| Dept -<br>USMld -<br>Frgn -     |  | BUP                |  | 0510                             |  | 0305.00                  |  |
| 21. Grade & Step                |  | 22. Salary Or Rate |  | 23. SD                           |  | 24. Date Of Grade        |  |
| 25 1                            |  | \$ 1.25            |  | US                               |  | Mo. Da. Yr.              |  |
|                                 |  |                    |  |                                  |  | 25. PSI Due              |  |
|                                 |  |                    |  |                                  |  | Mo. Da. Yr.              |  |
|                                 |  |                    |  |                                  |  | 26. Appropriation Number |  |
|                                 |  |                    |  |                                  |  | 9 057.00 000             |  |

### ACTION

|                      |  |      |  |               |  |                      |  |      |  |                     |  |
|----------------------|--|------|--|---------------|--|----------------------|--|------|--|---------------------|--|
| 27. Nature Of Action |  | Code |  | 28. Eff. Date |  | 29. Type Of Employee |  | Code |  | 30. Separation Data |  |
| PROMOTION            |  | 171  |  | 6-15-59       |  | REGULAR              |  | d    |  |                     |  |

### PRESENT ASSIGNMENT

|                                 |  |                    |  |                                  |  |                          |  |
|---------------------------------|--|--------------------|--|----------------------------------|--|--------------------------|--|
| 31. Organizational Designations |  | Code               |  | 32. Location Of Official Station |  | Station Code             |  |
|                                 |  | A                  |  |                                  |  |                          |  |
| 33. Dept - Field                |  | 34. Position Title |  | 35. Position No.                 |  | 36. Serv.                |  |
| Dept -<br>USMld -<br>Frgn -     |  |                    |  | 7-6                              |  | 03                       |  |
| 38. Grade & Step                |  | 39. Salary Or Rate |  | 40. SD                           |  | 41. Date Of Grade        |  |
| 6 1                             |  | \$ 44.00           |  |                                  |  | Mo. Da. Yr.              |  |
|                                 |  |                    |  |                                  |  | 42. PSI Due              |  |
|                                 |  |                    |  |                                  |  | Mo. Da. Yr.              |  |
|                                 |  |                    |  |                                  |  | 43. Appropriation Number |  |
|                                 |  |                    |  |                                  |  | 6-12-60                  |  |

### SOURCE OF REQUEST

|  |  |  |  |
|--|--|--|--|
| A. Requested By (Name And Title)                           |  | C. Request Approved By (Signature And Title) |  |
| P. C. BOWERS MS/PERSONNEL OFFICER                          |  |  |  |
| B. For Additional Information Call (Name & Telephone Ext.) |  |  |  |
| 12242  |  |  |  |

### CLEARANCES

| Clearance         | Signature | Date | Clearance      | Signature | Date |
|-------------------|-----------|------|----------------|-----------|------|
| A. Career Board   |           |      | B. Placement   |           |      |
| B. Pos. Control   |           |      | C. Approved By |           |      |
| C. Classification |           |      |                |           |      |

|   |  |
|---|--|
| Results   |  |
| <div style="display: flex; justify-content: space-between;"> <div> <p>12/1/60</p> <p>120</p> </div> <div> <p>12-13 5 10-34-23</p> <p>SECRET</p> </div> <div> <p>Recorded by</p> <p>0522</p> </div> </div> |  |



| REQUEST FOR PERSONNEL ACTION |  |                             |  |                                 |  |  |                     |  |                 |                                 |              |        |                      |           | SECRET |  |  |
|------------------------------|--|-----------------------------|--|---------------------------------|--|--|---------------------|--|-----------------|---------------------------------|--------------|--------|----------------------|-----------|--------|--|--|
| 1. Serial No.                |  | 2. Name (Last-First-Middle) |  |                                 |  |  | 3. Date of Birth    |  |                 | 4. Var. Pref.                   |              | 5. Sex |                      | 6. CS-100 |        |  |  |
| 21551                        |  | PERCLO JOSEPH S             |  |                                 |  |  | 12 0 33             |  |                 | None 11 Code 5 Pt. 1 10 Pt. 2 0 |              | M 1    |                      | 2 04 57   |        |  |  |
| 7. Date of Entry             |  | 8. CSC Rating               |  | 9. CSC Or Other Legal Authority |  |  | 10. Appt. Authority |  | 11. H. C. I.    |                                 | 12. L. C. I. |        | 13. Will. Serv. Code |           |        |  |  |
| Ms. Da. Yr.                  |  | Yes-1 Code No-2             |  | 14. USCA 203 J                  |  |  | Ms. Da. Yr.         |  | Yes-1 Code No-2 |                                 | Ms. Da. Yr.  |        | Yes-1 Code No-2      |           |        |  |  |
| 12 27 54                     |  | 1 1                         |  |                                 |  |  | Ms. Da. Yr.         |  | Yes-1 Code No-2 |                                 | Ms. Da. Yr.  |        | Yes-1 Code No-2      |           |        |  |  |

#### PREVIOUS ASSIGNMENT

|                                   |  |                     |  |        |  |                                  |  |                             |  |                          |  |
|-----------------------------------|--|---------------------|--|--------|--|----------------------------------|--|-----------------------------|--|--------------------------|--|
| 14. Organizational Designations   |  |                     |  | Code   |  | 15. Location Of Official Station |  |                             |  | Station Code             |  |
| JUN W<br>BRANCH III               |  |                     |  | 4651   |  |                                  |  |                             |  | 45075                    |  |
| 16. Dept. Field                   |  | 17. Position Title  |  |        |  | 18. Position No.                 |  | 19. Serv. 100 Occup. Series |  |                          |  |
| Data - Code<br>USCA - 5<br>Sign - |  | MAIL AND FILE CLERK |  |        |  | 510                              |  | GS 0305.05                  |  |                          |  |
| 20. Grade & Step                  |  | 21. Salary Or Rate  |  | 22. SD |  | 23. Date Of Grade                |  | 24. PSI Due                 |  | 25. Appropriation Number |  |
| 04 & 2                            |  | 3850                |  | DS     |  | 02 104 157                       |  | 02 104 157                  |  | 3570 55 000              |  |

#### ACTION

|                      |  |      |  |               |  |                      |  |      |  |                     |  |
|----------------------|--|------|--|---------------|--|----------------------|--|------|--|---------------------|--|
| 27. Nature Of Action |  | Code |  | 28. Eff. Date |  | 29. Type Of Employee |  | Code |  | 30. Separation Data |  |
| PROMOTION            |  |      |  | 01 JUN 1958   |  | Regular              |  |      |  |                     |  |

#### PRESENT ASSIGNMENT

|                                    |  |                    |  |        |  |                                  |  |             |  |                          |  |
|------------------------------------|--|--------------------|--|--------|--|----------------------------------|--|-------------|--|--------------------------|--|
| 31. Organizational Designations    |  |                    |  | Code   |  | 32. Location Of Official Station |  |             |  | Station Code             |  |
|                                    |  |                    |  | 4652   |  |                                  |  |             |  |                          |  |
| 33. Dept. Field                    |  | 34. Position Title |  |        |  | 35. Position No.                 |  | 36. Serv.   |  | 37. Occup. Series        |  |
| Dept. - Code<br>USCA - 5<br>Sign - |  |                    |  |        |  | 510                              |  |             |  | 8                        |  |
| 38. Grade & Step                   |  | 39. Salary Or Rate |  | 40. SD |  | 41. Date Of Grade                |  | 42. PSI Due |  | 43. Appropriation Number |  |
| 5 1                                |  | 4040               |  | DS     |  | 1 1 1 1                          |  | 6 12 1 59   |  |                          |  |

#### SOURCE OF REQUEST

|  |  |        |  |  |  |      |  |
|--|--|--------|--|--|--|------|--|
| A. Requester's Name And Title                              |  |        |  | C. Request Approved By (Signature And Title) |  |      |  |
| P. C. BOWERS<br>Personnel Officer                          |  |        |  |  |  |      |  |
| B. For Additional Information Call (Name & Telephone Ext.) |  |        |  |  |  |      |  |
| X-242  |  |        |  |  |  |      |  |
| CLEARANCES   |  |        |  |  |  |      |  |
| Clearance  |  | Date   |  | Signature                                    |  | Date |  |
| A. Career  |  | 2/1/58 |  | E. Placement                                 |  |      |  |
| B. Post Control  |  | 2/1/58 |  | F. Approved By                               |  |      |  |
| C. Classification  |  |        |  |  |  |      |  |
| Remarks  |  |        |  |  |  |      |  |



Air Pouch

HC4-T-242  
RYBAT-0728

Chief, WH Division

4 June 1958

Chief of Station [REDACTED]

Administrative

Promotion Recommendation - [REDACTED] PICCOLO, Joseph S.

**ACTION REQUESTED:** Consideration of recommended promotion

1. It is recommended that [REDACTED] be promoted from GS-4 to GS-6. [REDACTED] has been in grade since 4 February 1957 and has been on duty at the [REDACTED] Station since 2 December 1957.

2. Since his arrival at this Station, [REDACTED] has demonstrated his ability to assume increasing responsibility and definite potential as a supervisor. He has displayed initiative and intelligence in the handling of records management problems and has come up with several time saving suggestions which have been adopted with resulting efficiency. He is a conscientious and very hard worker, putting in many hours of overtime in an attempt to bring the files up to date.

3. A separate dispatch is being prepared which will recommend a reorganization of the slots presently on the [REDACTED] T/O for the Registry Section, in order to bring the grades into a more realistic relation to the greatly increased workload which has developed during the past two years. A request for the reclassification of [REDACTED] slot, Slot #BAF-402 to GS-7 will be included in this separate dispatch, along with appropriate job descriptions.

Winston R. Scott  
[REDACTED]

BRT  
3 June 1958

Distribution  
3 - Hqs  
2 - Files



**SECRET**

Classify According  
To Content

| REQUEST FOR PERSONNEL ACTION |  |   |  |                                 |  |  |  |  |  |  |                     | (10 Oct 57) |                              |  |  |
|------------------------------|--|---|--|---------------------------------|--|--|--|--|--|--|---------------------|-------------|------------------------------|--|--|
| 1. Serial No.                |  | 2. Name (Last-First-Middle)<br><b>MR. JOSEPH E. PICCOLO</b> |  |                                 |  | 3. Date Of Birth<br>Mo Da Yr<br><b>12 8 35</b> |  |  | 4. Ser. Pref.<br>Name Code<br><b>5 2 1</b> |  | 5. Sex<br><b>M</b>  |             | 6. CS - EOD<br>Mo Da Yr      |  |  |
| 7. SCD<br>Mo Da Yr           |  | 8. CSC Reim.<br>Yes - 1<br>No - 2                           |  | 9. CSC Or Other Legal Authority |  | 10. Appt. Affidav.<br>Mo Da Yr                 |  |  | 11. FEEL<br>Yes - 1<br>No - 2              |  | 12. LCD<br>Mo Da Yr |             | 13. SCD<br>Yes - 1<br>No - 2 |  |  |

**PREVIOUS ASSIGNMENT**

**VOUCHERED**

|  |  |   |  |                                   |  |   |  |                                     |  |  |  |  |
|--|--|---|--|-----------------------------------|--|---|--|-------------------------------------|--|--|--|--|
| 14. Organizational Designations<br><b>DDP/FI<br/>Records Integration Division<br/>Analysis &amp; Operations Branch<br/>Index Section</b> |  |   |  | Code                              |  | 15. Location Of Official Station<br><b>Washington, D.C.</b> |  |                                     |  | Station Code                                 |  |  |
| 16. Dept. Field<br>Dept. X<br>Unfld.<br>Fragn.   |  | 17. Position Title<br><b>File Clerk</b> |  | 18. Position No.<br><b>424.09</b> |  | 19. Serv.<br><b>GS</b>                                      |  | 20. Occup. Series<br><b>0305.01</b> |  |  |  |  |
| 21. Grade & Step<br><b>GS-4 1</b>  |  | 22. Salary Or Rate<br><b>3415</b>       |  | 23. SD<br><b>DB</b>               |  | 24. Date Of Grade<br>Mo Da Yr                               |  | 25. PSI Due<br>Mo Da Yr             |  | 26. Appropriation Number<br><b>5-2309-23</b> |  |  |

**ACTION**

|   |  |      |  |  |  |  |  |      |  |                     |  |
|---|--|------|--|--|--|--|--|------|--|---------------------|--|
| 27. Nature Of Action<br><b>Reassignment<br/>Transfer of Funds</b> |  | Code |  | 28. Eff. Date<br>Mo Da Yr<br><b>11 10 57</b> |  | 29. Type Of Employee<br><b>Regular</b> |  | Code |  | 30. Separation Date |  |
|---|--|------|--|--|--|--|--|------|--|---------------------|--|

**PRESENT ASSIGNMENT**

**UNVOUCHERED**

|   |  |  |  |                                      |  |  |  |  |  |  |  |
|---|--|--|--|--------------------------------------|--|--|--|--|--|--|--|
| 31. Organizational Designations<br><b>DDP/WH<br/>Branch III</b> |  |  |  | Code                                 |  | 32. Location Of Official Station                 |  |  |  | Station Code                                     |  |
| Station<br><b>46051</b>   |  |  |  |                                      |  |  |  |  |  | <b>46075</b>                                     |  |
| 33. Dept. Field<br>Dept. X<br>Unfld.<br>Fragn.                  |  | 34. Position Title<br><b>Mail &amp; File Clerk</b> |  | 35. Position No.<br><b>BAF * 510</b> |  | 36. Serv.<br><b>GS</b>                           |  | 37. Occup. Series<br><b>0305.05</b>        |  |  |  |
| 38. Grade & Step<br><b>GS-4 1</b>                               |  | 39. Salary Or Rate<br><b>3415</b>                  |  | 40. SD<br><b>DB</b>                  |  | 41. Date Of Grade<br>Mo Da Yr<br><b>02 04 57</b> |  | 42. PSI Due<br>Mo Da Yr<br><b>02 04 58</b> |  | 43. Appropriation Number<br><b>5-3570-55-000</b> |  |

**SOURCE OF REQUEST**

|   |  |  |  |
|---|--|--|--|
| A. Requested By (Name And Title)<br><b>P. C. BOWERS, WH/Personnel Officer</b> |  | C. Request Approved By (Signature And Title) |  |
| B. Cell (Name & Telephone Ext.)<br><b>E-6242</b>                              |  |  |  |

**CLEARANCES**

|                   |  |                    |  |               |  |                |  |                    |  |               |  |
|-------------------|--|--------------------|--|---------------|--|----------------|--|--------------------|--|---------------|--|
| Clearance         |  | Signature          |  | Date          |  | Clearance      |  | Signature          |  | Date          |  |
| A. Career Board   |  | <i>[Signature]</i> |  | <i>[Date]</i> |  | D. Placement   |  | <i>[Signature]</i> |  | <i>[Date]</i> |  |
| B. Pos. Control   |  | <i>[Signature]</i> |  | <i>[Date]</i> |  | E.             |  | <i>[Signature]</i> |  | <i>[Date]</i> |  |
| C. Classification |  | <i>[Signature]</i> |  | <i>[Date]</i> |  | F. Approved By |  | <i>[Signature]</i> |  | <i>[Date]</i> |  |

Remarks: **2 Copies to Security of Transfer FROM Vouchered Funds TO Unvouchered Funds.**  
**\* Memorandum submitted to Management on 27 September 1957 requesting the establishment of this position.**



*file*

16 September 1957

PICCOLO, Joseph S.

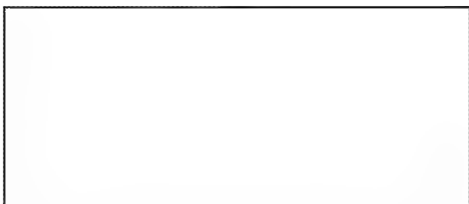


RAF-153

File Clerk\*

Subject will be blocking Secy-Steno slot

*Robert M. Dahlgren*  
R. M. DAHLGREN



*J. C. King*  
J. C. KING



13 February 1957

TO: CIA Security Control Officer

VIA: 1) Chief, Interim Assignment Section  
2) Chief, Employee Services

FROM: Joseph S. Piccolo

SUBJECT: Permission to continue in Course

1. It is requested that I be granted permission to continue in the following evening course at the University of Virginia's Northern Extension in Arlington:

U. S. History - Mondays - 7:00 to 9:40 P.M.

2. It is understood that tuition and all other expenses will be borne by the undersigned.

*Joseph S. Piccolo*  
Joseph S. Piccolo

Distribution:  
Original and 3 - Employee Services  
1 - IAS

APPROVED FOR THE  
DIRECTOR OF PERSONNEL

Employee will make no reference to, or discuss his CIA connection, assignment or duties while participating in above activity.

*JOSEPH S. REFF*  
C/RSD



|  |  |   |  |  |  |
|--|--|---|--|--|--|
| STANDARD FORM 52<br>PREPARED BY THE<br>U. S. CIVIL SERVICE COMMISSION<br>BRANCH 100 - PERSONNEL<br>MANUAL, CHAPTER II  |  | <b>REQUEST FOR PERSONNEL ACTION</b>   |  | VOUCHERED  |  |
| REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.<br>If applicable, obtain resignation and fill in resignation data on reverse. |  |   |  |  |  |
| 1. NAME (Mr - Miss - Mrs - One given name, initial(s), and surname)<br><b>Mr. Joseph Stephan Piccolo</b>   |  | 2. DATE OF BIRTH<br><b>8 Dec 1935</b>   |  | 3. REQUEST # <b>DL 101</b><br>4. DATE OF REQUEST<br><b>1 Aug 1956</b>  |  |
| 5. NATURE OF ACTION REQUESTED<br>A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)<br><b>Excepted Appointment</b>  |  |   |  | 6. EFFECTIVE DATE & PROPOSED:<br><b>47 M57</b><br>B. APPROVED:   |  |
| 8. POSITION (Specify whether establish, change grade or title, etc.)   |  |   |  | 7. C. FOR OTHER LEGAL AUTHORITY:   |  |
| FROM:  |  | 9. POSITION TITLE AND NUMBER<br>10. SERVICE GRADE AND SALARY<br>11. ORGANIZATIONAL DESIGNATIONS<br>12. HEADQUARTERS |  | TO:<br>File Clerk <b>BV-424.09 / 101</b><br><b>GS-0305.01-4 \$3415.00 pa</b><br><b>DDP/FI</b><br><b>Records Integration Division</b><br><b>Analysis &amp; Operations Branch</b><br><b>Index Section</b><br><b>Washington, D.C.</b> |  |
| <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL   |  | 12. FIELD OR DEPARTMENTAL   |  | <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL  |  |
| 13. REMARKS (Use reverse if necessary)<br><b>Applicant - double slot.</b><br><b>Draft deferment and restoration conditions per R 20-410, para. 5b.</b>                                   |  |   |  |  |  |
| 14. REQUESTED BY (Name and title)<br><b>Chief/RI</b>   |  | 15. REQUEST APPROVED BY<br><i>[Signature]</i>   |  |  |  |
| 16. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)<br><b>Ext. 2510</b>   |  | 17. CONCURRED IN BY DS Career<br><b>Service Panel</b><br><b>SP: DS</b><br><b>Aug 7</b>                              |  |  |  |
| 18. VETERAN PREFERENCE<br>NONE <input type="checkbox"/> OTHER <input type="checkbox"/> 5 PT. <input type="checkbox"/> 10 POINT <input type="checkbox"/><br>CASAB. OTHER                  |  | 19. POSITION CLASSIFICATION ACTION<br>REG. VAL. I. A. REAL  |  | 20. LEGAL RESERVE<br><input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED<br>STATE:  |  |
| 21. SEX<br>FROM<br><b>M</b>  |  | 22. SUBJECT TO C.S. RETIREMENT ACT (YES - NO)<br><b>Yes</b>   |  | 23. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)   |  |
| 24. STANDARD FORM 50 REMARKS<br><i>[Handwritten notes and signatures]</i>  |  |   |  |  |  |
| 25. CLEARANCES<br>A.<br>B. C. D.   |  | INITIAL OR SIGNATURE<br><i>[Signatures]</i>   |  | DATE<br><i>[Dates]</i>   |  |
| 26. SIGNATURE OF REQUESTING OFFICE<br><i>[Signature]</i>   |  |   |  |  |  |



STANDARD FORM NO. 64

*Office Memorandum* • UNITED STATES GOVERNMENT

TO :

*File*

DATE:

*1/30/57*

FROM :

[Redacted box]

SUBJECT:

*Cisco, Joseph*

*Subject called today and will  
be in Monday, 4 February 1957.*



30 January 1957

Mr. Joseph S. Piccolo  
2210 - 20th Street, N. W.  
Washington, D. C.

Dear Mr. Piccolo:

We are pleased to inform you that your appointment with this Agency has been approved at Grade GS-4, salary \$3415.00 per annum.

Your permanent employment will depend upon the completion of the following processing at the time of entering on duty: taking the oath of office, signing a loyalty affidavit, participating in a final security interview and completing a medical examination which will include determination of physical health and emotional stability. Should anything of an unfavorable nature arise during this period, your employment will not result in a permanent appointment.

We hope you will be able to join us at an early date. Please telephone Mrs. [redacted] on Executive 3-6115, extension 2781, as soon as possible, in order to arrange an entrance-on-duty date. If at all possible, we would appreciate your selecting a Monday.

Please report to the Receptionist at Curle Hall at 8:15 a.m. and ask for Mrs. [redacted] on the reporting-for-duty date that you establish with this office. Curle Hall is located at the intersection of 23rd Street, Independence Avenue, and Ohio Drive, S. W., with entrance on Ohio Drive.

The gross salary quoted will be subject to deductions for Federal income tax and 6 1/2 percent for the United States Civil Service Retirement Fund. In addition, the benefits of low-cost group life insurance are available to Federal civilian employees. The enclosed pamphlet outlines the features of the program and lists the amount which will be deducted from your salary each pay period for this term insurance. This insurance is not obligatory. However, if you do not wish coverage, which is automatic, you should sign a Waiver of Life Insurance Coverage form at the time you enter on duty.



You will not receive a pay check for approximately four weeks after your entrance on duty.

If you have any problems, Mrs.  will be glad to discuss them with you when you call.

Very truly yours,

G. M. Stewart  
Director of Personnel

Enclosures (2)  
Life Insurance Pamphlet  
Map

GP/CORRES/



## Office Memorandum • UNITED STATES GOVERNMENT

TO : *Felt*DATE: *11 Jan 1957*FROM : *M. Smith*SUBJECT: *Pierola, Joseph*

*(Worked over Gladys, M.C., who admitted that  
Subject will be a power man.)*

## Office Memorandum • UNITED STATES GOVERNMENT

TO : *Felt*DATE: *27 Jan 1957*FROM : *M. Smith*SUBJECT: *Pierola, Joseph*

*After our meeting on 10 Jan 1957,  
Gladys, who was on a vacation, advised that  
Gladys in M.C. advised that the Medical Division is  
collecting further information. She said that she has  
checked with appropriate Medical Division and that  
they have received it.*



19 November 1956

Mr. Joseph S. Ficcolo  
2210 - 20th Street, N. W.  
Washington, D. C.

Dear Mr. Ficcolo:

This is to assure you that processing is continuing  
on your application for employment with this Agency.

Please advise us if any circumstance should arise  
which might affect your interest in employment with this  
organization.

Your continued interest and patience are appreciated.

Very truly yours,

H. G. Reynolds  
Director of Personnel

OP/CORRES/JN (Smith)



12 September 1958

Mr. Joseph S. Piccolo  
2210 - 20th Street, N. W.  
Washington, D. C.

Dear Mr. Piccolo:

A review of the medical history information which you submitted indicates that for proper medical evaluation it is necessary that you come to our medical office for a pre-employment medical examination which will include determination of physical health and emotional stability.

An appointment may be scheduled at 8:30 a.m., on any Tuesday, Thursday or Friday. Please advise Miss Ruth Griffin by letter, 2430 E Street, N.W., Washington 25, D.C., or by telephone EXecutive 3-8115, extension 2781, of the date you will be able to report. We would appreciate your giving us at least two weeks advance notice. When you come for your examination, please report to our Medical Office in Central Building, 2430 E Street, N.W. Inasmuch as some parts of the examination are given in the morning and others in the afternoon, it is necessary that you plan to be here the entire day.

We will not be able to reimburse you for any travel or incidental expenses which you incur for this purpose.

Very truly yours,

H. G. Reynolds  
Director of Personnel

OP/CORRES/bjs(Griffin)



30 August 1956

Mr. Joseph S. Piccolo  
2210 - 20th Street N. W.  
Washington, D.C.

Dear Mr. Piccolo:

We are pleased to inform you that your application for employment with this Agency has been reviewed with interest by appropriate officials and that actual processing has been initiated for a position at Grade GS-4, salary \$3415.00 per annum.

Your final appointment is dependent upon a number of factors including character and reference investigations, and other processing procedures which may require as long as 120 days. You may be sure that this processing is being accomplished as rapidly as possible.

During this period please notify us of any changes in your present status such as change in address, employment, marital status, etc. If it should develop that you cannot accept the position, please let us know immediately. If you have any questions concerning your application, please do not hesitate to get in touch with us. Your future correspondence or inquiries should be directed to the attention of Miss Ruth Griffin.

Members of this Agency are entitled to the regular United States Government leave and retirement benefits. Our salaries conform to the rates prescribed by Congress for United States Government agencies.

Thank you for your cooperation and patience during this waiting period.

Very truly yours,

H. G. Reynolds  
Director of Personnel

OP/Correw/sed/Griffin







16 July 1956

Mr. Joseph Stephan Piccolo  
2210 20th Street, N. W.  
Washington, D. C.

Dear Mr. Piccolo:

Your application for employment with this Agency is presently under active review. Appropriate members of our staff will determine whether we have a position available for a person of your qualifications. Although we cannot predict the length of time needed for this review, we will make every effort to expedite a determination. Should there be unavoidable delays in reaching a decision, we shall do our best to keep you as fully informed as possible regarding the status of your case.

In the meantime, if you should have any questions, feel free to get in touch with us by mail. We ask your patience and assure you of our desire to make the review period as short as is compatible with the careful evaluation to which we feel each case is entitled.

Very truly yours,

H. G. Reynolds  
Director of Personnel

CP/Correa/





**CONFIDENTIAL**  
(When Filled In)

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>CLERICAL &amp; COMMUNICATIONS<br/>REPORT OF INTERVIEW</b>  |  | DATE AND PLACE OF INTERVIEW<br><b>31 May 1956, Washington, D.C.</b>   |  | CLEARANCE REQUESTED<br>FULL <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> |  |
|   |  | AVAILABILITY DATE   |  |  |  |
| NAME (Last - First - Middle)<br><b>PICCOLO, Joseph Stephan</b>  |  | MARITAL STATUS<br><b>Single</b>   |  | DATE OF BIRTH<br><b>8 December 1935</b>  |  |
| PERMANENT ADDRESS<br><b>1636 - N.E. 20th Street, Ft. Lauderdale, Florida</b>  |  | TELEPHONE<br><b>Logan 4-5834</b>  |  |  |  |
| TEMPORARY ADDRESS<br><b>2210 - 20th Street N.W., Washington, D.C.</b>   |  | TELEPHONE<br><b>Adams 4-2355</b>  |  |  |  |
| POSITION RECOMMENDED (Grade and Title)<br><b>GS-4 Clerk</b>   |  | TEST SCORES   |  |  |  |
| LA-3 <input type="checkbox"/> FILE <input type="checkbox"/>   |  | TYPING <input type="checkbox"/>   |  | SHORTHAND <input type="checkbox"/>   |  |
| OTHER <input type="checkbox"/>  |  |   |  |  |  |
| ACCEPTABLE STATION<br><input checked="" type="checkbox"/> WASHINGTON, D.C. <input type="checkbox"/> ANYWHERE IN U.S.  |  | CITIZENSHIP   |  |  |  |
| <input type="checkbox"/> OVERSEAS (Under conditions stipulated)<br>LIMITATIONS  |  | <input checked="" type="checkbox"/> U.S. BY BIRTH<br><input type="checkbox"/> U.S. BY NATURALIZATION DATE _____<br>PREVIOUS NATIONALITY _____<br><input type="checkbox"/> OTHER (Specify) _____ |  |  |  |
| HEALTH<br><b>Good.</b>  |  | FOREIGN RELATIVES   |  |  |  |
| BACKGROUND AND EVALUATION   |  |   |  |  |  |
| MILITARY SERVICE, IF ANY (Primary and duty MOS and length of time in each, training, dates of entrance and discharge, areas visited)  |  |   |  |  |  |
| <b>Member: D.C. Air National Guard. Rank: Airman 1/C. Draft classification: 1-D.</b>  |  |   |  |  |  |
| EVALUATION AND BACKGROUND DATA (Include education and work experience)  |  |   |  |  |  |
| <b>1953 - Present, Georgetown University (School of Foreign Service), Diplomatic &amp; Consular, grade average: "75".</b>   |  |   |  |  |  |
| <b>August 1953 - September 1955, F.B.I., Clerk, GS-4 (\$3150.), to attend school full time.</b>   |  |   |  |  |  |
| <p>Mr. Piccolo is of medium height and weight, dark hair, and rather quiet, pleasant, not very talkative and does not give one the impression of being a Ball-of-Fire. Has no area knowledge. Has had slight knowledge of Spanish of which he is taking at the present time in school. Claims good health.</p> <p>Although has had some nervous disorder which were aftereffects of a gland virus, he had psychiatric consultation for about five months but no treatment. Apparently after this disease (this virus) he couldn't concentrate on his studies and consulted a psychiatrist to obviate the situation. Claims no restrictions otherwise. Tentatively planning to go to law school. Really isn't certain what to do in the future. No 10-9 that he knows of. Several years clerical experience with FBI. Based on past government clerical experience, believe he is worthy of consideration. Might be possibility for regular FI/RI job.</p> <p>Scheduled him for the GS-4 clerk test on 5 June 1956 and gave him forms.</p> <p>HOLD FOR FORMS AND TEST SCORES. SHOP TO ERNIE HARDT FOR FI/RI.</p> |  |   |  |  |  |
| DATE REPORT AND FORMS FORWARDED TO HEADQUARTERS   |  | 41  |  |  |  |



**CENTRAL INTELLIGENCE AGENCY**  
**WASHINGTON 25, D. C.**

**Applicant Information**  
**Sheet No. 1**

**To all persons applying for employment  
with the Central Intelligence Agency:**

**This paper is the first step in applying for employment or consultant  
status with the Central Intelligence Agency. No application may proceed  
beyond this first step if the applicant is not in agreement with the  
conditions stated below:**

**General Considerations:**

**1. The National Security Act of 26 July 1947 (Public Law 253, 80th  
Congress) which created the Central Intelligence Agency places upon the  
Agency the responsibility:**

**a. "to advise the National Security Council in matters concerning  
such intelligence activities of the Government departments and agencies  
as relate to the national security;**

**b. "to make recommendations to the National Security Council  
for the coordination of such intelligence activities of the depart-  
ments and agencies of the Government as relate to the national  
security;**

**c. "to correlate and evaluate intelligence relating to the  
national security, and provide for the appropriate dissemination  
of such intelligence within the Government . . . ;**

**d. "to perform, for the benefit of the existing intelligence  
agencies, such additional services of common concern as the National  
Security Council determines can be more efficiently accomplished  
centrally;**

**e. "to perform such other functions and duties related to  
intelligence affecting the national security as the National Security  
Council may from time to time direct."**



The special character of this national responsibility requires the Agency to maintain correspondingly special employment criteria which may be different from the routine or normal employment standards of other Government departments and agencies which do not have the highly sensitive responsibility borne by the Central Intelligence Agency. It follows that the investigation of applicants, prerequisite to their acceptance is a time-consuming process which, in addition to loyalty and security checks, includes evaluation of competence, physical and emotional fitness, and availability of a suitable position at such time as employment may be offered. This is called "clearance" of an applicant.

2. Investigation of an applicant may reveal something which prevents his clearance - perhaps something of which the applicant is genuinely unaware, perhaps something which only the special employment criteria of the Agency make unacceptable. In any event, adverse findings by the Agency are conclusive and final so far as the Agency is concerned, and no statement of specific reasons is made to the applicant.

3. Employment by the Central Intelligence Agency is not a right upon which an applicant can insist. Offer of employment which is subject to full clearance does not constitute a commitment on the Agency's part giving an unsuccessful applicant grounds for any claim against the Agency. Acceptance of employment upon the condition of clearance is at the applicant's risk, taken with the knowledge that a very substantial percentage of applicants are not cleared.

Statement of Understanding  
and Agreement

I have read, understand, and agree to the foregoing General Considerations. If not accepted for employment by the Central Intelligence Agency, I will make no claim or demand in conflict with those considerations.

I have also seen and read Applicant Information Sheet No. 2.

  
(Signature of Applicant)



SECRET

|  |                                |   |
|--|--------------------------------|---|
| SELECTIVE SERVICE ACTION REQUEST   |                                | 1 DATE OF REQUEST<br>10 October 1957  |
| TO 1 DIRECTOR OF PERSONNEL   |                                |   |
| SUBJECT: REQUEST FOR - <input type="checkbox"/> DRAFT DEFERMENT <input checked="" type="checkbox"/> U.S. PERMISSION TO LEAVE COUNTRY<br><input type="checkbox"/> CANCELLATION OF DRAFT DEFERMENT (Only items 1, 2, 17, 19 are required)          |                                |   |
| 2 NAME (Last-first-middle)<br>PICCOLI, Joseph Stephen  |                                | 3 DATE OF BIRTH<br>8 December 1935  |
| 4 PRESENT ADDRESS (Number, street, city, zone, state)<br>2210 20th Street, NW, Washington, D. C.   |                                |   |
| 5 PLACE OF BIRTH (City or town, state, country)<br>Yonkers, New York   |                                | 6 IF NONCITIZEN, INDICATE ALIEN REGISTRATION NUMBER                                   |
| 7 POSITION TITLE AND GRADE<br>Mail and File Clerk, GS-4  |                                | 8 OFFICE, DIVISION, BRANCH<br>DDP/MI/III  |
| 9 SERVICE DESIGNATION<br>1A  | 10 EOD DATE<br>4 February 1957 | 11 OFFICIAL STATION   |
| 12 SELECTIVE SERVICE SERIAL NUMBER<br>AP 229 209 14  |                                | 13 SELECTIVE SERVICE CLASSIFICATION<br>1-D  |
| 14 NUMBER AND ADDRESS OF SELECTIVE SERVICE BOARD<br>Local Board #44, 521 S. Andrews Avenue, Ft. Lauderdale, Florida  |                                |   |
| 15 APPROPRIATE BONDING FOR "PERMIT" (SSS Form No. 100) UNDER "INDIVIDUALS OR ORGANIZATION REPRESENTED" (Check one)<br><input checked="" type="checkbox"/> U.S. GOVERNMENT <input type="checkbox"/> SELF <input type="checkbox"/> OTHER (Specify) |                                |   |
| 16 APPROPRIATE BONDING FOR "PERMIT" UNDER "NATURE OF BUSINESS" (Check one)<br><input checked="" type="checkbox"/> U.S. GOVERNMENT <input type="checkbox"/> SELF <input type="checkbox"/> OTHER (Specify)   |                                |   |
| 17 JUSTIFICATION   |                                |   |
| 18 EXPECTED DEPARTURE DATE FOR OVERSEAS<br>1 November 1957   |                                | 19 TYPED NAME AND SIGNATURE OF AUTHORIZED OFFICIAL (Regulation 20-680)<br>C/M/Support |
| REPORT OF ACTION FROM DIRECTOR OF PERSONNEL  |                                |   |
| 20 TO (Office of origin)   |                                | 21 DATE OF ACTION   |
| 22 ACTION REGARDING THE ABOVE REQUEST  |                                |   |
| <p>18 Nov 57</p> <p>19 Gordon M. Stewart</p> <p>SENT TO WH/Per 11 Feb 58</p> <p>DISTRIBUTION (by DD PERS): 1 -</p> <p>2 - PERSONNEL FILED 3 - LPO 4 -</p> <p>OF ORIGIN, 5 - OFFICE SECURITY</p>  |                                |   |



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*Office Memorandum* • UNITED STATES GOVERNMENT

TO : Colonel Omer

DATE: 24 JUL 1960

FROM : Gordon M. Stewart */s/ Gordon M. Stewart*

SUBJECT: PICCOLO, Joseph Stephan - Cancel Permission to Leave the Country  
and DIRECTED 4-F Deferment

It is requested that the Permission to Leave the Country granted subject on 18 November 1957 and renewed on 8 December 1959 be cancelled. Please also cancel the DIRECTED 4-F Deferment allowed on 18 November 1957. SSS Form 110 is attached; SSS Forms 300 have been destroyed.

Mr. Piccolo was born on 8 December 1935 in Yonkers, New York. His permanent address is 1636 N. E. 20th Street, Fort Lauderdale, Florida.

STANDARD FORM NO. 64

*Office Memorandum* • UNITED STATES GOVERNMENT

TO : Colonel Omer

DATE:

FROM : Gordon M. Stewart */s/ Gordon M. Stewart*

SUBJECT: PICCOLO, Joseph Stephan - Renew Permission to Leave the Country

It is requested that the Permission to Leave the Country granted subject on 18 November 1957 be renewed. SSS Form 300 issued on this date has been destroyed. Please retain the DIRECTED 4-F Deferment allowed subject on 18 November 1957. Subject will return by December 1960 at which time we will cancel his DIRECTED Deferment.

Mr. Piccolo was born on 8 December 1935 in Yonkers, New York. His permanent address is 1636 N. E. 20th Street, Fort Lauderdale, Florida.



14 December 1959

**MEMORANDUM FOR: Chief, WH Personnel**

**SUBJECT: SSS Form 300 for Joseph S. Piccolo**

1. Forwarded is SSS Form 300 for Mr. Piccolo. While the Director of Selective Service has issued this permit for a period of two years, the files of this office and the office of the Director of Selective Service reflect a termination date of his overseas service of at least December 1960.

2. As we discussed earlier, this termination date has been set to avoid the possibility of Mr. Piccolo's authorized absence placing him in a position which might preclude the necessity of his meeting his military obligation as established by his local board.

J. L. Olmstead  
Deputy Chief, Personnel  
Operations Division

**Distribution:**

Orig. and 1 - Addressee

1 - SSS File ✓

OP/POD/JLOlmstead:ahw (14 Dec 59)



SECRET

|  |                                |   |
|--|--------------------------------|---|
| SELECTIVE SERVICE ACTION REQUEST   |                                | 1 DATE OF REQUEST<br>10 October 1957                |
| 10 DIRECTOR OF PERSONNEL   |                                |   |
| SUBJECT: REQUEST FOR - <input checked="" type="checkbox"/> DRAFT DEFERMENT <input checked="" type="checkbox"/> U.S. PERMISSION TO LEAVE COUNTRY<br><input type="checkbox"/> CANCELLATION OF DRAFT DEFERMENT (Only items 1, 2, 17, 19 are required) |                                |   |
| 2 NAME (Last, first, middle)<br>PICCOLI, Joseph Stephan  |                                | 3 DATE OF BIRTH<br>8 December 1935                  |
| 4 PRESENT ADDRESS (Number, street, city, zone, state)<br>2210 20th Street, NW, Washington, D. C. ?   |                                |   |
| 5 PLACE OF BIRTH (City or town, state, country)<br>Yonkers, New York   |                                | 6 IF NONCITIZEN, INDICATE ALIEN REGISTRATION NUMBER |
| 7 POSITION TITLE AND GRADE<br>Mail and File Clerk, GS-4  |                                | 8 OFFICE, DIVISION, BRANCH<br>DDP/WH/III            |
| 9 SERVICE DESIGNATION<br>DS  | 10 EOD DATE<br>4 February 1957 | 11 OFFICIAL STATION                                 |
| 12 SELECTIVE SERVICE SERIAL NUMBER<br><del>DS 222-289-34</del> 8-44-35-604   |                                | 13 SELECTIVE SERVICE CLASSIFICATION<br>1-D          |
| 14 NUMBER AND ADDRESS OF SELECTIVE SERVICE BOARD<br>Local Board #44, 521 S. Andrews Avenue, Ft. Lauderdale, Florida  |                                |   |
| 15 APPROPRIATE WORDING FOR "PERMIT" (SSS Form No. 300) UNDER "INDIVIDUALS OR ORGANIZATION REPRESENTED" (Check one)<br><input checked="" type="checkbox"/> U.S. GOVERNMENT <input type="checkbox"/> SELF <input type="checkbox"/> OTHER (Specify)   |                                |   |
| 16 APPROPRIATE WORDING FOR "PERMIT" UNDER "NATURE OF BUSINESS" (Check one)<br><input checked="" type="checkbox"/> U.S. GOVERNMENT <input type="checkbox"/> SELF <input type="checkbox"/> OTHER (Specify)   |                                |   |
| 17 JUSTIFICATION<br>3 years + 8 mos - Air National Guard<br>Andrews Air Force Base<br>no active duty of training.<br>told he would be put on<br>discharge + transfer to inactive reserve.<br>position not established                              |                                |   |
| 18 EXPECTED DEPARTURE DATE FOR OVERSEAS<br>1 November 1957   | 19                             | 20 (Regulation 30-600)                              |
| REPORT OF ACTION FROM DIRECTOR OF PERSONNEL<br>C/WH/Support  |                                |   |
| 21 TO (Office of origin)   |                                | 22 DATE OF ACTION                                   |
| 23 ACTION REGARDING THE ABOVE REQUEST  |                                |   |
| DESERVED FROM SERVICE PER<br>GENERAL ORDER 12 Nov 57<br>SENT TO Wt/Bing 11 Feb 58<br>DATA<br>Gordon H. Atwood  |                                |   |



*Office Memorandum* • UNITED STATES GOVERNMENT

TO : Record

DATE: 29 Oct 57

FROM : S. Richelderfer

SUBJECT: Piccolo, Joseph Stephan

Subject was advised this date that the Agency would request a directed deferment. He was told the meaning of a "directed deferment" and advised not to contact his local board and they will not contact him. He was sent to see Captain Noble in Reserve Affairs Branch. Captain Noble was not in and subject was interviewed by Sgt. MacKenzie. I talked to MacKenzie and stressed the fact that subject should be advised to be sure to drop out of the National Guard. MacKenzie said that he would have to request to be put in a standby reserve status. This seems to be a satisfactory arrangement, since we are requesting a directed deferment, the L.B. will not contact Piccolo.



SECRET

MEMORANDUM FOR: Deputy Director of Personnel

SUBJECT:  Clerical Requirements

1. PAD has attempted to locate two suitable candidates for the WH vacancies who will not be eligible for the draft. Machine runs were used, as were file referrals, checks with appropriate Administrative and Personnel representatives in Agency components, and a thorough screening of Tables of Organization. A total of 25 individuals at the GS-5 or lower level were checked out. One candidate was located, a Mr.  Clerk, GS-4, with WE. He has been accepted by the Division for the January requirement. The January deadline was chosen for him because he will be able to pass the typing requirement for  We had no success in finding a candidate for the 1 November deadline. All of the others were disqualified, largely because of marriage, unwillingness to accept the assignment.

2. Under the circumstances, it is recommended that Mr.  be processed against the January requirement and that Mr. Joseph Piccolo, who was originally submitted for the November departure, be processed for the assignment, and that a directed deferment be requested for him.

*Robert W. Sheay*

Robert W. Sheay  
Chief, Personnel Assignment Division

*MD*  
*26 Oct 67.*

SECRET





OFFICE OF THE DIRECTOR

NATIONAL HEADQUARTERS  
SELECTIVE SERVICE SYSTEM

481 INDIANA AVENUE NORTHWEST  
WASHINGTON 25, D. C.

ADDRESS REPLY TO  
THE DIRECTOR OF SELECTIVE SERVICE

July 18, 1958

Attention:  
Colonel Omer

**FOR PERSONAL ATTENTION  
OF STATE DIRECTOR**

State Director of Selective Service  
310 Charlotte Street  
St. Augustine, Florida

Subject: Joseph Stephan Piccolo  
SS No. 8-44-35-604

Dear Colonel Wall:

Reference is made to our letter of November 18, 1957, advising you that the Director of Selective Service has directed that the above-named registrant be classified in Class IV-F until further notice, under section 1622.60 of the Selective Service Regulations.

Mr. Piccolo has now received SSS Form No. 80 (Standby Reserve Questionnaire). Due to circumstances beyond his control, Mr. Piccolo is unable to complete this form, which is enclosed. Please return it to the local board with the instruction that it not be re-mailed until such time as the Director withdraws his directed classification of Mr. Piccolo under the Universal Military Training and Service Act, as amended.

For The Director,

DANIEL O. OMER  
Colonel, JAGC  
General Counsel

Enclosure

cc: Mr. Gordon M. Stewart ✓







FOR PURPOSES OF THE FAIR LABOR STANDARDS ACT, AS AMENDED,  
YOU ARE DESIGNATED EXEMPT.

EFFECTIVE DATE OF DESIGNATION: 01 MAY 1974.

PICCOLO JOSEPH S

025658

41351049



SECRET

| NOTIFICATION OF ESTABLISHMENT<br>OF MILITARY COVER BACKSTOP  |  | DATE               |
|--|--|--------------------|
|  |  | 21 January 1964    |
| TO: (Check)  | <input checked="" type="checkbox"/> CHIEF, RECORDS AND SERVICES DIVISION | ESTABLISHED FOR    |
|  | <input type="checkbox"/> CHIEF, OPERATING COMPONENT, JOTP                | PICCOLO, Joseph S. |
| ATTN:  | Mr. Wiley  | FILE NO.           |
| REF:   | Pre-employment Cover Briefing  | 4455               |
| MILITARY COVER BACKSTOP ESTABLISHED  |  | ID CARD NO.        |
| US Army [REDACTED]   |  |                    |
| <input checked="" type="checkbox"/> BLOCK RECORDS:<br>(OFMEMO 20-800-11)   |  |                    |
| a. TEMPORARILY FOR _____ DAYS, EFFECTIVE _____   |  |                    |
| <input checked="" type="checkbox"/> CONTINUING, EFFECTIVE 6 January 1964   |  |                    |
| <input type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY TO 3.<br>(NB 20-800-3)  |  |                    |
| <input type="checkbox"/> ASCERTAIN THAT ARMY W-2 BEING ISSUED.<br>(NB 20-661-1)  |  |                    |
| <input type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER.<br>(R 240-230)  |  |                    |
| <input type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY.<br>(R 240-330)  |  |                    |
| <input type="checkbox"/> REMARKS:  |  |                    |
| <p style="text-align: center;">THIS OFFICE MUST BE ADVISED</p> <p style="text-align: center;">OF ANY CHANGES</p> <p style="text-align: center;">[Signature: James H. Franklin]</p> |  |                    |
| <input type="checkbox"/> COPY TO CPO/OP  |  |                    |
| <p style="text-align: center;">DISTRIBUTION</p> <p style="text-align: center;">1. CPO/OP 2. APPROV. COPY</p>   |  |                    |

1551

1551-20-001



SECRET

|  |  |                                   |
|--|--|-----------------------------------|
| NOTIFICATION OF CANCELLATION<br>OF MILITARY COVER BACKSTOP   |  | DATE<br>11 June 1963              |
| TO:<br>(Check)   | <input checked="" type="checkbox"/> CHIEF, PERSONNEL OPERATIONS DIVISION | SUBJECT<br><br>PICCOLO, Joseph S. |
|  | CHIEF, OPERATING COMPONENT (For Action) OS                               |                                   |
| ATTN: Mr. White  |  |                                   |
| REF: Form 1322 dtd 4 June 63 removing cover  |  | FILE NO. 4455                     |
| MILITARY COVER DISCONTINUED  |  | TO CARD NO.                       |
| US Army  |  |                                   |
| <input type="checkbox"/> Unblock Records;<br>(OP Memo 20-800-11)   |  |                                   |
| Effective EOD  |  |                                   |
| <input type="checkbox"/> Submit Form 642 To Change Limitation Category.<br>(HB 20-800-2 to be redesignated HMB 20-7) |  |                                   |
| <input type="checkbox"/> Return All Military Documentation To CCS.   |  |                                   |
| <input type="checkbox"/> Remarks:  |  |                                   |
| <p>THIS MESSAGE MUST BE PLACED<br/>ON TOP OF FILE</p>  |  |                                   |
| <input type="checkbox"/> COPY TO CPO/OP  |  |                                   |
| <p>James H. Triawski</p>   |  |                                   |
| <p>CD/DD CHIEF, MILITARY COVER, CCS</p>  |  |                                   |

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Excluded from automatic  
downgrading and declassification

119-70-001



SECRET

15 August 1961  
4455

MEMORANDUM FOR: Chief, Records and Services Division  
Office of Personnel

SUBJECT : PICCOLO, Joseph S,

1. Cover arrangements are in process, and/or have been completed for the above-named Subject.

2. Effective 15 January 1961, it is requested that your records be properly blocked ~~reopened~~ to deny ~~acknowledge~~ Subject's current Agency employment to an external inquirer.

3. This memorandum confirms an oral request of \_\_\_\_\_

*For* GLEN E. MOORHOUSE  
Acting Chief, Central Cover Group

cc: SSD/OS

THIS MEMO ~~SECRET~~ REMAIN  
ON TOP OF FILE

FORM  
1-58

(4-19-60)



SECRET

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

MEMORANDUM FOR: Office of Personnel  
Administration and Security Division  
Department of Justice, CP

SUBJECT:

Joseph Stephen Himmels (CP)

1. Reference is made to the memorandum from the Office  
dated 16 October 1954 regarding that the individual  
referred to Himmels should continue to be classified as  
a CP member. Inasmuch as it has been determined that  
Himmels' entire association with the CP was terminated  
you are requested to block his name for the entire period  
of time that he has been employed by the CP.

2. Thank you for your cooperation.

*Thomas D. Phang*  
for SLS, CP, CP

THIS MEMO MUST REMAIN  
ON TOP OF FILE

SECRET



16 October 1957  
C-1641 (Miladenu)

MEMORANDUM FOR: Office of Personnel  
Records & Services Division  
Counseling Branch/CP

SUBJECT : Joseph Stephan Piccolo (T)

1. It is requested that you close your records concerning subject to all outside inquiries regarding Agency connection from 16 October 1957 forward. You will be advised in the future if it is deemed advisable to reopen these records.
2. Thank you for your cooperation.

*Thomas N. Thompson*  
JOHN G. SCOTLAND  
Jr. CHIEF, CCR/NC

THIS INFO MUST REMAIN  
ON TOP OF FILE



SECRET

28 September 1961  
File No. 4455

MEMORANDUM FOR: Chief, Records and Services Division  
Office of Personnel

THROUGH : Chief, PSD/OS  
Attention: Mr. Robert C. Swendiman

SUBJECT : PICCOLO, Joseph S.  
GS-7, WH - Cover Debriefing

1. Mr. Piccolo entered on duty with the Agency on 4 February 1957 and will resign on 4 October 1961. During his period of employment he utilized [ ] cover in Mexico from 1 November 1957 to 14 January 1960, and from 15 January 1961 to resignation used nominal Department of the Army cover in Headquarters.

2. Mr. Piccolo was instructed to indicate his employer for the entire period as CIA, 2430 E Street, N. W., Washington 25, D. C.

3. He was further instructed to indicate, whenever necessary, that he travelled, listing various countries en route to and from Mexico, but not reveal the specific location or details of his cover assignment.

4. Mr. Piccolo's forwarding address will be 1636 N.E. 20th Street, Ft. Lauderdale, Florida. His new employment is 121st Tactical Fighter Sq., Andrews AFB.

5. The above information is furnished for your guidance and inclusion in the Subject's personnel and security files.

*For* [ ]  
Chief, Military Cover Branch, CCG

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OFFICE OF PERSONNEL  
SECRET

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10-5-61



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25 001-000



SECRET

| DATE PROCESSED  |          | NOTIFICATION OF PERSONNEL ACTION |                    |                       |  |                         |  | CONTROL NUMBER            |                        |
|---|----------|----------------------------------|--------------------|-----------------------|--|-------------------------|--|---------------------------|------------------------|
| 04-11-80  |          |                                  |                    |                       |  |                         |  | 201                       |                        |
| 1. SSN  |          | 2. NAME (LAST, FIRST, MIDDLE)    |                    |                       |  | 3. DATE OF BIRTH        |  | 4. SEX                    | 5. CITIZEN             |
| 265441914   |          | FICCOLO JOSEPH S                 |                    |                       |  | 12-08-35                |  | M                         | U                      |
| 6. RETIREMENT   |          | 7. SERV. COMP. DATE              | 8. LONG COMP. DATE | 9. DATE OF GRADUATION | 10. SEI DATE   | 11. VETERANS PREFERENCE |  | 12. ANNUITY STATUS        |                        |
| CIARDS  |          | 12-27-54                         | 12-24-57           | 02-04-73              | 01-28-79   | ACNE                    |  |                           |                        |
| ACTION TAKEN  |          |                                  |                    |                       |  |                         |  |                           |                        |
| 13. NATURE OF ACTION<br>REASSIGNMENT<br>CHANGE OF HOME BASE   |          |                                  |                    |                       | 14. EFFECTIVE DATE                                   |                         | 15. LEGAL AUTHORITY<br>50 USCA 403       |                           |                        |
|   |          |                                  |                    |                       | 04-15-80   |                         |  |                           |                        |
|   |          |                                  |                    |                       | 16. POSITION NUMBER                                  |                         | 17. AFFILIATION<br>STAFF EMPLOYEE-CAREER |                           |                        |
|   |          |                                  |                    |                       | C1089  |                         |  |                           |                        |
| 18. ORGANIZATIONAL DESIGNATIONS<br>COC IAD<br>COVERT ACTION STAFF<br>AREA OPERATIONS BRANCH<br>AREA SECTION |          |                                  |                    |                       | 19. LOCATION OF OFFICIAL STATION<br>WASHINGTON, D.C. |                         |  |                           |                        |
|   |          |                                  |                    |                       |  |                         |  |                           |                        |
| 20. HEADQUARTERS<br>DEPARTMENTAL  |          |                                  |                    |                       | 21. COVER TYPE                                       |                         | 22. COVER ORGANIZATION                   |                           |                        |
|   |          |                                  |                    |                       |  |                         |  |                           |                        |
| 23. EMPLOYER/OCCUPATIONAL TITLE   |          |                                  | 24. SUPPLN         | 25. SERV. DESIG.      | 26. SCHEDULE   | 27. OCC. SERIES         | 28. GRADE                                | 29. STEP                  | 30. SALARY & PAY BASIS |
| OPERATIONS OFFICER  |          |                                  |                    | DHC                   | GS   | 0136.01                 | 13                                       | 7                         | 35249 PA               |
| 31. HOURS   | 32. TOUR | 33. PROJECT NO.                  | 34. FLBA           | 35. NSCA              | 36. SVC  | 37. DEVELOPMENT COMP.   |  | 38. PERSONAL RANK ASSIGN. |                        |
| 80  | F        | 244163                           | E                  |                       | PROF   | CODE NTS (MO, DA, YR)   |  | CODE NTS (MO, DA, YR)     |                        |
| 39. DETAIL ORGANIZATION   |          |                                  |                    |                       | 40. DETAIL ORGANIZATION                              |                         |  |                           |                        |
|   |          |                                  |                    |                       |  |                         |  |                           |                        |
| 41. POSITION INFORMATION  |          |                                  |                    |                       | 42. SPEC. REF.                                       |                         |  |                           |                        |
| 43. OCCUPATIONAL TITLE  |          |                                  |                    |                       | 44. SUPPLN   | 45. SERV. DESIG.        | 46. SCHEDULE                             | 47. GRADE                 | 48. SVC                |
| OPERATIONS OFFICER  |          |                                  |                    |                       |  | D                       | GS                                       | 14                        | PROF                   |
| 49. REMARKS<br>FROM: C15  |          |                                  |                    |                       |  |                         |  |                           |                        |

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SIGNATURE OF AUTHENTICATOR

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LCB 100 075

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5 U.S.C. AND EXECUTIVE ORDER 12165 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 07 OCTOBER 1979

| NAME             | ID NUMBER | ORG. | SCH-GR-STEP | NEW SALARY |
|------------------|-----------|------|-------------|------------|
| PICCELO JOSEPH S | 0025658   | CIS  | GS 13 7     | \$35,249   |

11508

|  |      |                  |                |                    |      |                      |                |                |     |
|--|------|------------------|----------------|--------------------|------|----------------------|----------------|----------------|-----|
| 1. SERIAL NO.  |      | 2. NAME          |                | 3. ORGANIZATION    |      | 4. FUNDS             |                | 5. LWOP HOURS  |     |
| 025658   |      | PICCELO JOSEPH S |                | 31 400             |      |                      |                |                |     |
| 6. OLD SALARY RATE   |      |                  |                | 7. NEW SALARY RATE |      |                      |                | 8. TYPE ACTION |     |
| Grade  | Step | Salary           | Last Eff. Date | Grade              | Step | Salary               | Effective Date | WGI            | OSI |
| GS 13  | 6    | \$32,028         | 01/30/77       | GS 13              | 7    | \$32,543             | 01/26/79       |                |     |
| CERTIFICATION AND AUTHORIZATION  |      |                  |                |                    |      |                      |                |                |     |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE   |      |                  |                |                    |      |                      |                |                |     |
| SIGNATURE <i>Stephen F. Piccone</i>  |      |                  |                |                    |      | DATE <i>4 Jan 79</i> |                |                |     |
| <input checked="" type="checkbox"/> NO EXCESS LWOP<br><input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD<br><input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD |      |                  |                |                    |      |                      |                |                |     |
| CLERK'S INITIALS   |      |                  |                |                    |      | AUDITED BY <i>OC</i> |                |                |     |
| FORM 10-73 560E <small>Use previous editions</small><br><i>31 Jan 79</i><br>PAY CHANGE NOTIFICATION  |      |                  |                |                    |      |                      |                |                |     |

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LOH 100 075

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5 U.S.C. AND EXECUTIVE ORDER 12067 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 6 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 08 OCTOBER 1978

| NAME             | ID NUMBER | ORG. | SCH-GR-STEP | NEW SALARY |
|------------------|-----------|------|-------------|------------|
| PICCOLI JOSEPH S | 0025058   | CIS  | GS 13 6     | \$32,028   |



11566

|   |                 |      |                    |   |                 |      |               |                |              |
|---|-----------------|------|--------------------|---|-----------------|------|---------------|----------------|--------------|
| 1   | SERIAL NO       | 2    | NAME               | 3 | ORGANIZATION    | 4    | FUNDS         | 5              | LWOP HOURS   |
|   | 025658          |      | PICCOLO, JOSEPH S. |   | 31200           |      |               |                |              |
| 6   | OLD SALARY RATE |      |                    | 7 | NEW SALARY RATE |      |               | 8              | TYPE ACTION  |
|   | Grade           | Step | Salary             |   | Grade           | Step | Salary        | EFFECTIVE DATE | WGI QSI ADJ. |
|   | GS 13           | 5    | \$29490            |   | GS 13           | 6    | \$30357       | 03-26-78       | X            |
| CERTIFICATION AND AUTHENTICATION  |                 |      |                    |   |                 |      |               |                |              |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE  |                 |      |                    |   |                 |      |               |                |              |
| SIGNATURE   |                 |      |                    |   |                 |      | DATE          |                |              |
| /s/ FWM JANNET  |                 |      |                    |   |                 |      | 24 MARCH 1978 |                |              |
| <input type="checkbox"/> NO EXCESS LWOP<br><input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD<br><input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD |                 |      |                    |   |                 |      |               |                |              |
| QUALITY STEP INCREASE   |                 |      |                    |   |                 |      |               |                |              |
| CLERKS INITIALS   |                 |      |                    |   |                 |      |               |                |              |
|   |                 |      |                    |   |                 |      |               |                |              |
| FORM 10-73 560E Use previous editions   |                 |      |                    |   |                 |      |               |                |              |
| PAY CHANGE NOTIFICATION   |                 |      |                    |   |                 |      |               |                |              |
| (4 51)  |                 |      |                    |   |                 |      |               |                |              |



LSM 122077

SECRET  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION   |                 |                             |                         |                           |                    |                                  |                   |                                 |                   |                         |                 |
|--|-----------------|-----------------------------|-------------------------|---------------------------|--------------------|----------------------------------|-------------------|---------------------------------|-------------------|-------------------------|-----------------|
| 1. SERIAL NUMBER   |                 | 2. NAME (LAST FIRST MIDDLE) |                         |                           |                    |                                  |                   |                                 |                   |                         |                 |
| 025658   |                 | PICCOLO JOSEPH S            |                         |                           |                    |                                  |                   |                                 |                   |                         |                 |
| 3. NATURE OF PERSONNEL ACTION  |                 |                             |                         |                           |                    | 4. EFFECTIVE DATE                |                   | 5. CATEGORY OF EMPLOYMENT       |                   |                         |                 |
| REASSIGNMENT-CHANGE OF FUNCTIONAL CATEGORY   |                 |                             |                         |                           |                    | 11-01-77                         |                   | REGULAR                         |                   |                         |                 |
| 6. FUNDS   |                 | V TO V                      |                         | V TO CF                   |                    | 7. PAN AND ASSA                  |                   | 8. CSC OR OTHER LEGAL AUTHORITY |                   |                         |                 |
| CF TO V  |                 | CF TO CF                    |                         | 8027 0172 0000            |                    | 50 USC 403 J                     |                   |                                 |                   |                         |                 |
| 9. ORGANIZATIONAL DESIGNATIONS   |                 |                             |                         |                           |                    | 10. LOCATION OF OFFICIAL STATION |                   |                                 |                   |                         |                 |
| DDO/CI STAFF<br>OPERATIONS GROUP<br>SPECIAL OPERATIONS BRANCH  |                 |                             |                         |                           |                    | WASH., D.C.                      |                   |                                 |                   |                         |                 |
| 11. POSITION TITLE   |                 |                             |                         |                           |                    | 12. POSITION NUMBER              |                   | 13. SERVICE DESIGNATION         |                   |                         |                 |
| OPERATIONS OFFICER   |                 |                             |                         |                           |                    | GK67                             |                   | DAS                             |                   |                         |                 |
| 14. CLASSIFICATION SCHEDULE (GS, WD, etc.)   |                 |                             | 15. OCCUPATIONAL SERIES |                           |                    | 16. GRADE AND STEP               |                   | 17. SALARY OR RATE              |                   |                         |                 |
| GS   |                 |                             | 0136.01                 |                           |                    | 13 5                             |                   | 29490                           |                   |                         |                 |
| 18. REMARKS  |                 |                             |                         |                           |                    |                                  |                   |                                 |                   |                         |                 |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL:  |                 |                             |                         |                           |                    |                                  |                   |                                 |                   |                         |                 |
| 19. ACTION CODE  | 20. EMPLOY CODE | 21. OFFICE CODING           |                         | 22. STATUS CODE           | 23. INTERVIEW CODE | 24. HOURS CODE                   | 25. DATE OF BIRTH |                                 | 26. DATE OF GRADE |                         | 27. DATE OF LEL |
| 37   | 10              | NUMERIC                     | ALPHABETIC              | 75013                     |                    | 1                                | 12 03 75          |                                 |                   |                         |                 |
| 28. NTE EXPIRES  |                 | 29. SPECIAL REFERENCE       |                         | 30. RETIREMENT DATA       |                    | 31. SEPARATION DATA CODE         |                   | 32. CORRECTION/CHANGING SIGN    |                   | 33. SECURITY REG NO     |                 |
| NO DA YR   |                 |                             |                         | CSC<br>CIN<br>TRA<br>MUNE |                    | TYPE                             |                   | NO DA YR                        |                   | EOD DATA                |                 |
| 35. VET PREFERENCE   |                 | 36. SERV COMP DATE          |                         | 37. LONG COMP DATE        |                    | 38. CAREER CATEGORY              |                   | 39. HEALTH INSURANCE            |                   | 40. SOCIAL SECURITY NO. |                 |
| CODE   |                 | NO DA YR                    |                         | NO DA YR                  |                    | CODE                             |                   | HEALTH INS CODE                 |                   |                         |                 |
| 1. 5 PT<br>2. 10 PT  |                 |                             |                         |                           |                    | CSC<br>BPOV<br>BPOV<br>BPOV      |                   | NO DA YR                        |                   |                         |                 |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE   |                 |                             |                         | 42. LEAVE CAT             |                    | 43. FEDERAL TAX DATA             |                   | 44. STATE TAX DATA              |                   |                         |                 |
| CODE   |                 |                             |                         | CSC                       |                    | CODE                             |                   | CODE                            |                   |                         |                 |
| 1. NO PREVIOUS SERVICE<br>2. BREAK IN SERVICE (LESS THAN 3 YRS)<br>3. BREAK IN SERVICE (MORE THAN 3 YRS)   |                 |                             |                         | 1. YES<br>2. NO           |                    | NO TAX EXEMPT FINE               |                   | NO TAX EXEMPT FINE              |                   |                         |                 |
|  |                 |                             |                         |                           |                    |                                  |                   |                                 |                   |                         |                 |
| SIGNATURE OF OTHER AUTHENTICATION:   |                 |                             |                         |                           |                    |                                  |                   |                                 |                   |                         |                 |
| <p style="text-align: right;"> <br/>  </p> |                 |                             |                         |                           |                    |                                  |                   |                                 |                   |                         |                 |

FORM 1150  
5-74 May 10-74Use Previous  
Edition

SECRET

LJF

8-2 IMPDET CL BY 007677



A11

LOB 100 075

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5 U.S.C. AND EXECUTIVE ORDER 12010 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 09 OCTOBER 1977

| NAME             | ID NUMBER | CRG. | SCH-GR-STEP | NEW<br>SALARY |
|------------------|-----------|------|-------------|---------------|
| PICCOLI JOSEPH S | 0025658   | CIS  | GS 13 5     | \$29,490      |

11934



PLF: 112277

SECRET  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION  |                      |                            |                         |                                 |                       |                                 |                  |                                |  |  |  |
|---|----------------------|----------------------------|-------------------------|---------------------------------|-----------------------|---------------------------------|------------------|--------------------------------|--|--|--|
| 1 SERIAL NUMBER   |                      | 2 NAME (LAST-FIRST-MIDDLE) |                         |                                 |                       |                                 |                  |                                |  |  |  |
| 025658  |                      | PICCOLO JOSEPH S           |                         |                                 |                       |                                 |                  |                                |  |  |  |
| 3 NATURE OF PERSONNEL ACTION  |                      |                            |                         |                                 |                       | 4 EFFECTIVE DATE                |                  | 5 CATEGORY OF EMPLOYMENT       |  |  |  |
| REASSIGNMENT  |                      |                            |                         |                                 |                       | 11 01 77                        |                  | REGULAR                        |  |  |  |
| 6 FUNDS   |                      | 7 TO V                     |                         | 8 TO CF                         |                       | 7 PAN AND NSCA                  |                  | 8 CSC OR OTHER LEGAL AUTHORITY |  |  |  |
| FUND  |                      | CF TO V                    |                         | CF TO CF                        |                       | 8027 0172 0000                  |                  | 50 USC 403 J                   |  |  |  |
| 9 ORGANIZATIONAL DESIGNATIONS   |                      |                            |                         |                                 |                       | 10 LOCATION OF OFFICIAL STATION |                  |                                |  |  |  |
| DDO/CI STAFF<br>OPERATIONS GROUP<br>SPECIAL OPERATIONS BRANCH                 |                      |                            |                         |                                 |                       | WASH., D.C.                     |                  |                                |  |  |  |
| 11 POSITION TITLE   |                      |                            |                         |                                 |                       | 12 POSITION NUMBER              |                  | 13 SERVICE DESIGNATION         |  |  |  |
| OPERATIONS OFFICER  |                      |                            |                         |                                 |                       | GK67                            |                  | DAG                            |  |  |  |
| 14 CLASSIFICATION SCHEDULE 125, 126, 127                                      |                      |                            |                         | 15 OCCUPATIONAL SERIES          |                       | 16 GRADE AND STEP               |                  | 17 SALARY OR RATE              |  |  |  |
| GS  |                      |                            |                         | 0136.01                         |                       | 13 5                            |                  | 29490                          |  |  |  |
| 18 REMARKS  |                      |                            |                         |                                 |                       |                                 |                  |                                |  |  |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL                      |                      |                            |                         |                                 |                       |                                 |                  |                                |  |  |  |
| 19 ACTION CODE  | 20 EMPLOY CODE       | 21 OFFICE CODE             | 22 STATION CODE         | 23 INTERIOR CODE                | 24 ADDRESS CODE       | 25 DATE OF BIRTH                | 26 DATE OF GRADE | 27 DATE OF LEI                 |  |  |  |
| 37  | 10                   | 31400 C15                  | 75013                   |                                 | 1                     | 12 08 35                        |                  |                                |  |  |  |
| 28 NTE EXPIRES  | 29 SPECIAL REFERENCE | 30 DEPARTMENT DATA         | 31 SEPARATION DATA CODE | 32 CORRECTION/CANCELLATION DATA | 33 SECURITY REQ NO    |                                 |                  | 34 SEX                         |  |  |  |
|   |                      |                            |                         |                                 | FOD DATA              |                                 |                  |                                |  |  |  |
| 35 VET PREFERENCE   | 36 SERV LEAVE DATE   | 37 LONG COMP DATE          | 38 CARRIER CATEGORY     | 39 REGEL / HEALTH INSURANCE     | 40 SOCIAL SECURITY NO |                                 |                  |                                |  |  |  |
|   |                      |                            |                         |                                 |                       |                                 |                  |                                |  |  |  |
| 41 PREVIOUS CIVILIAN GOVERNMENT EMP.  | 42 LEAVE CAT CODE    | 43 FEDERAL TAX DATA        | 44 STATE TAX DATA       |                                 |                       |                                 |                  |                                |  |  |  |
|   |                      |                            |                         |                                 |                       |                                 |                  |                                |  |  |  |
| SIGNATURE OR OTHER AUTHENTICATION   |                      |                            |                         |                                 |                       |                                 |                  |                                |  |  |  |
| <div style="text-align: right;"> <b>POSTED</b><br/> 23 NOV 77<br/> AED </div> |                      |                            |                         |                                 |                       |                                 |                  |                                |  |  |  |

FORM 110  
574 May 10 76Use Previous  
Edition

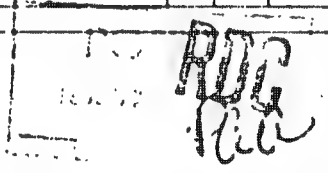
SECRET

62 APR 1977 BY G2 722

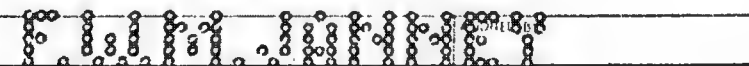


ALO 15 JUL 77

SECRET  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION   |                 |                             |                         |                                    |                   |   |                      |                                 |                    |                        |                 |
|--|-----------------|-----------------------------|-------------------------|------------------------------------|-------------------|---|----------------------|---------------------------------|--------------------|------------------------|-----------------|
| 1. SERIAL NUMBER   |                 | 2. NAME (LAST FIRST MIDDLE) |                         |                                    |                   |   |                      |                                 |                    |                        |                 |
| 025658   |                 | PICCOLO JOSEPH S            |                         |                                    |                   |   |                      |                                 |                    |                        |                 |
| 3. NATURE OF PERSONNEL ACTION  |                 |                             |                         |                                    |                   | 4. EFFECTIVE DATE                                       |                      | 5. CATEGORY OF EMPLOYMENT       |                    |                        |                 |
| REASSIGNMENT-CHANGE OF HOME BASE   |                 |                             |                         |                                    |                   | MO DA YR<br>06 19 77                                    |                      | REGULAR                         |                    |                        |                 |
| 6. FUNDS   |                 | V TO V                      |                         | V TO CF                            |                   | 7. FAN AND NSCA   |                      | 8. CSC OR OTHER LEGAL AUTHORITY |                    |                        |                 |
| CF TO V  |                 | CF TO CF                    |                         | 7027 0172                          |                   | 0000  |                      | 50 USC 403 J                    |                    |                        |                 |
| 9. ORGANIZATIONAL DESIGNATIONS   |                 |                             |                         |                                    |                   | 10. LOCATION OF OFFICIAL STATION                        |                      |                                 |                    |                        |                 |
| DDO/C1 STAFF<br>OPERATIONS GROUP<br>SPECIAL OPERATIONS BRANCH  |                 |                             |                         |                                    |                   | WASH., D.C.   |                      |                                 |                    |                        |                 |
| 11. POSITION TITLE   |                 |                             |                         |                                    |                   | 12. POSITION NUMBER                                     |                      | 13. SERVICE DESIGNATION         |                    |                        |                 |
| OPERATIONS OFFICER   |                 |                             |                         |                                    |                   | EP93  |                      | DAG                             |                    |                        |                 |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)   |                 |                             | 15. OCCUPATIONAL SERIES |                                    |                   | 16. GRADE AND STEP                                      |                      |                                 | 17. SALARY OR RATE |                        |                 |
| GS   |                 |                             | 0136.01                 |                                    |                   | 13 5  |                      |                                 | 27548              |                        |                 |
| 18. REMARKS  |                 |                             |                         |                                    |                   |   |                      |                                 |                    |                        |                 |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |                 |                             |                         |                                    |                   |   |                      |                                 |                    |                        |                 |
| 19. ACTION CODE  | 20. EMPLOY CODE | 21. OFFICE CODING           |                         | 22. STATION CODE                   | 23. INTEGREE CODE | 24. HOURS CODE  | 25. DATE OF BIRTH    |                                 | 26. DATE OF GRADE  |                        | 27. DATE OF LEI |
| 37   | 10              | NUMERIC<br>31400            | ALPHABETIC<br>CIS       | 75013                              |                   | 1   | MO DA YR<br>12 08 35 |                                 | MO DA YR           |                        | MO DA YR        |
| 28. NTE EXPIRES  |                 | 29. SPECIAL REFERENCE       |                         | 30. RETIREMENT DATA                |                   | 31. SEPARATION DATA CODE                                |                      | 32. CORRECTION/CONCURRENCE DATA |                    | 33. SECURITY REQ NO    |                 |
| MO DA YR   |                 |                             |                         | CODE                               |                   | TYPE  |                      | MO DA YR                        |                    | 34. SEX                |                 |
| 35. VET. PREFERENCE  |                 | 36. SERV COMP DATE          |                         | 37. LONG COMP DATE                 |                   | 38. CAREER CATEGORY                                     |                      | 39. FEGLI, HEALTH INSURANCE     |                    | 40. SOCIAL SECURITY NO |                 |
| CODE   |                 | MO DA YR                    |                         | MO DA YR                           |                   | CAR BSV CODE  |                      | CODE                            |                    | HEALTH INS CODE        |                 |
| 0 - NONE<br>1 - 5 PT<br>2 - 10 PT  |                 |                             |                         |                                    |                   | PROV BSW  |                      | CODE                            |                    | 1 - YES<br>2 - NO      |                 |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE   |                 |                             |                         | 42. LEAVE CAT CODE                 |                   | 43. FEDERAL TAX DATA                                    |                      |                                 |                    | 44. STATE TAX DATA     |                 |
| CODE   |                 |                             |                         | CODE                               |                   | CODE  |                      |                                 |                    | CODE                   |                 |
| 0 - NO PREVIOUS SERVICE<br>1 - NO BREAK IN SERVICE<br>2 - BREAK IN SERVICE LESS THAN 1 YRS.<br>3 - BREAK IN SERVICE MORE THAN 1 YRS. |                 |                             |                         | FORM EXECUTED<br>1 - YES<br>2 - NO |                   | NO TAX EXEMPTIONS<br>FORM EXECUTED<br>1 - YES<br>2 - NO |                      |                                 |                    | STATE CODE             |                 |
| SIGNATURE OR OTHER AUTHENTICATION  |                 |                             |                         |                                    |                   |   |                      |                                 |                    |                        |                 |
|    |                 |                             |                         |                                    |                   |   |                      |                                 |                    |                        |                 |



|   |      |  |              |                    |            |            |                |                         |     |
|---|------|--|--------------|--------------------|------------|------------|----------------|-------------------------|-----|
| 1. SERIAL NO.   |      | 2. NAME  |              | 3. ORGANIZATION    |            | 4. FUNDS   |                | 5. LWOP REASON          |     |
| 10-73 560E  |      | MICHAEL J. JOSEPH S  |              | 38 400 N           |            | V          |                |                         |     |
| 6. OLD SALARY RATE  |      |  |              | 7. NEW SALARY RATE |            |            |                | 8. THIS ACTION          |     |
| Grade   | Step | Salary   | Lowest Grade | Grade              | Step       | Salary     | EFFECTIVE DATE | WGI                     | QSI |
| GS 13   | 5    | \$4,600.00   | GS 13        | 5                  | \$4,600.00 | \$4,600.00 | 10/1/76        |                         |     |
| CERTIFICATION AND AUTHENTICATION  |      |  |              |                    |            |            |                |                         |     |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE  |      |  |              |                    |            |            |                |                         |     |
| SIGNATURE   |      |  |              |                    |            | DATE       |                |                         |     |
| <input type="checkbox"/> NO EXCESS LWOP<br><input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD<br><input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD |      |  |              |                    |            |            |                |                         |     |
| CLERK'S INITIALS  |      |  |              |                    |            |            |                |                         |     |
| FORM 10-73 560E   |      | Use previous editions  |              |                    |            |            |                | PAY CHANGE NOTIFICATION |     |
|   |      |  |              |                    |            |            |                | (4.51)                  |     |

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11541 PURSUANT TO AUTHORITY OF E.O. AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND FOR EFFECTIVE DATED 1 OCTOBER 1976."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1976

|                  |        |          |       |         |            |
|------------------|--------|----------|-------|---------|------------|
| NAME             | SERIAL | CHG.     | FUNDS | CR-STEP | NEW SALARY |
| MICHAEL JOSEPH S | 025858 | 38 400 N | CS 13 | 4       | \$4,600.00 |



KHA: 22 JULY 76

SECRET  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION   |                |                            |     |                        |                   |                                 |                      |                                   |                  |                       |                |
|--|----------------|----------------------------|-----|------------------------|-------------------|---------------------------------|----------------------|-----------------------------------|------------------|-----------------------|----------------|
| 1 SERIAL NUMBER  |                | 2 NAME (LAST FIRST MIDDLE) |     |                        |                   |                                 |                      |                                   |                  |                       |                |
| 025658   |                | PICCOLO JOSEPH S           |     |                        |                   |                                 |                      |                                   |                  |                       |                |
| 3 NATURE OF PERSONNEL ACTION   |                |                            |     |                        |                   | 4 EFFECTIVE DATE                |                      | 5 CATEGORY OF EMPLOYMENT          |                  |                       |                |
| REASSIGNMENT AND TRANSFER<br>TO VOUCHERED FUNDS  |                |                            |     |                        |                   | MO DA YR<br>07 18 76            |                      | REGULAR                           |                  |                       |                |
| 6 FUNDS  |                | V TO V                     |     | V TO CF                |                   | 7 PAN AND NSCA                  |                      | 8 CSC OR OTHER LEGAL AUTHORITY    |                  |                       |                |
| X  |                | CF TO V                    |     | CF TO CF               |                   | T227 0172 0000                  |                      | 50 USC 403 J                      |                  |                       |                |
| 9 ORGANIZATIONAL DESIGNATIONS  |                |                            |     |                        |                   | 10 LOCATION OF OFFICIAL STATION |                      |                                   |                  |                       |                |
| DDO/CI STAFF<br>OPERATIONS GROUP<br>SPECIAL OPERATIONS BRANCH  |                |                            |     |                        |                   | WASH., D.C.                     |                      |                                   |                  |                       |                |
| 11 POSITION TITLE  |                |                            |     |                        |                   | 12 POSITION NUMBER              |                      | 13 SERVICE DESIGNATION            |                  |                       |                |
| OPERATIONS OFFICER   |                |                            |     |                        |                   | EP93                            |                      | DQG                               |                  |                       |                |
| 14 CLASSIFICATION SCHEDULE (GS, LS, etc.)  |                |                            |     | 15 OCCUPATIONAL SERIES |                   | 16 GRADE AND STEP               |                      | 17 SALARY OR RATE                 |                  |                       |                |
| GS   |                |                            |     | 0136.01                |                   | 13 4                            |                      | 25198                             |                  |                       |                |
| 18 REMARKS   |                |                            |     |                        |                   |                                 |                      |                                   |                  |                       |                |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |                |                            |     |                        |                   |                                 |                      |                                   |                  |                       |                |
| 19 ACTION CODE   | 20 EMPLOY CODE | 21 OFFICE CODING           |     | 22 STATION CODE        | 23 INTEGRITY CODE | 24 MAILING CODE                 | 25 DATE OF BIRTH     |                                   | 26 DATE OF GRACE |                       | 27 DATE OF LST |
| 16   | 10             | 31400                      | CIS | 75013                  | 1                 |                                 | MO DA YR<br>12 03 35 |                                   |                  |                       |                |
| 28 INT. EMPLOY   |                | 29 SPECIAL REFERENCE       |     | 30 RETIREMENT DATA     |                   | 31 SEPARATION DATA CODE         |                      | 32 Correction / Cancellation Data |                  | 33 SECURITY REQ NO    |                |
|  |                |                            |     |                        |                   |                                 |                      | EOD DATA                          |                  |                       |                |
| 35 VET PREFERENCE  |                | 36 SERV COMP DATE          |     | 37 LONG COMP DATE      |                   | 38 CAREER CATEGORY              |                      | 39 FEGLI / HEALTH INSURANCE       |                  | 40 SOCIAL SECURITY NO |                |
|  |                |                            |     |                        |                   |                                 |                      |                                   |                  |                       |                |
| 41 PREVIOUS CIVILIAN GOVERNMENT SERVICE  |                |                            |     | 42 LEAVE CAT CODE      |                   | 43 FEDERAL TAX DATA             |                      | 44 STATE TAX DATA                 |                  |                       |                |
|  |                |                            |     |                        |                   |                                 |                      |                                   |                  |                       |                |
| SIGNATURE OR OTHER AUTHENTICATION  |                |                            |     |                        |                   |                                 |                      |                                   |                  |                       |                |
| FROM: LA   |                |                            |     |                        |                   |                                 |                      |                                   |                  |                       |                |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED<br/>JUL 1976 </div> |                |                            |     |                        |                   |                                 |                      |                                   |                  |                       |                |



"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11883 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 8 OCTOBER 1962."

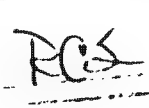
EFFECTIVE DATE OF PAY ADJUSTMENT: 12 OCTOBER 1975

| NAME             | SERIAL | ORGN. | FUNDS | GR-STEP    | NEW<br>SALARY |
|------------------|--------|-------|-------|------------|---------------|
| PICCOLO JOSEPH S | 025658 | 51    | 500   | CF GS 13 4 | \$25,198      |



11 SEPT 73

**SECRET**  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION  |  |                             |  |                                   |  |                                  |  |                                    |  |                        |  |                      |  |                   |  |                 |  |
|---|--|-----------------------------|--|-----------------------------------|--|----------------------------------|--|------------------------------------|--|------------------------|--|----------------------|--|-------------------|--|-----------------|--|
| 1. SERIAL NUMBER  |  | 2. NAME (LAST FIRST MIDDLE) |  |                                   |  |                                  |  |                                    |  |                        |  |                      |  |                   |  |                 |  |
| 42565   |  | PICCOLO JAMES E             |  |                                   |  |                                  |  |                                    |  |                        |  |                      |  |                   |  |                 |  |
| 3. NATURE OF PERSONNEL ACTION   |  |                             |  |                                   |  | 4. EFFECTIVE DATE                |  | 5. CATEGORY OF EMPLOYMENT          |  |                        |  |                      |  |                   |  |                 |  |
| REASSIGNMENT  |  |                             |  |                                   |  | MO DA YR<br>40 31 73             |  | RECON P                            |  |                        |  |                      |  |                   |  |                 |  |
| 6. FUNDS  |  | V TO V                      |  | V TO CF                           |  | 7. PAY AND MSA                   |  | 8. CSC OR OTHER LEGAL AUTHORITY    |  |                        |  |                      |  |                   |  |                 |  |
| CF TO V   |  | CF TO CF                    |  | CF TO CF                          |  | FIVE 4030                        |  | 57 430 433 J                       |  |                        |  |                      |  |                   |  |                 |  |
| 9. ORGANIZATIONAL DESIGNATIONS  |  |                             |  |                                   |  | 10. LOCATION OF OFFICIAL STATION |  |                                    |  |                        |  |                      |  |                   |  |                 |  |
| DDO/IA DIVISION<br>CURA OPERATIONS GROUP<br>OPS BRANCH  |  |                             |  |                                   |  | WASH., D.C.                      |  |                                    |  |                        |  |                      |  |                   |  |                 |  |
| 11. POSITION TITLE  |  |                             |  |                                   |  | 12. POSITION NUMBER              |  | 13. SERVICE DESIGNATION            |  |                        |  |                      |  |                   |  |                 |  |
| OPERATIONS OFFICER  |  |                             |  |                                   |  | 0065                             |  | 005                                |  |                        |  |                      |  |                   |  |                 |  |
| 14. CLASSIFICATION SCHEDULE (GS, LO, etc.)  |  |                             |  | 15. OCCUPATIONAL SERIES           |  | 16. GRADE AND STEP               |  | 17. SALARY OR RATE                 |  |                        |  |                      |  |                   |  |                 |  |
| GS  |  |                             |  | 4135.01                           |  | 13 1                             |  | 23 77                              |  |                        |  |                      |  |                   |  |                 |  |
| 18. REMARKS   |  |                             |  |                                   |  |                                  |  |                                    |  |                        |  |                      |  |                   |  |                 |  |
|   |  |                             |  |                                   |  |                                  |  |                                    |  |                        |  |                      |  |                   |  |                 |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |  |                             |  |                                   |  |                                  |  |                                    |  |                        |  |                      |  |                   |  |                 |  |
| 19. ACTION CODE   |  | 20. EMPLOY CODE             |  | 21. OFFICE CODING                 |  | 22. STATION C/A                  |  | 23. INTEGRITY CODE                 |  | 24. MILEAGE CODE       |  | 25. DATE OF BIRTH    |  | 26. DATE OF GRADE |  | 27. DATE OF LEE |  |
| 27  |  | 14                          |  | NUMERIC 5158 ALPHABETIC 1A        |  | 7253                             |  | 1                                  |  | 1                      |  | MO DA YR<br>17 01 33 |  | MO DA YR          |  | MO DA YR        |  |
| 28. NTE EXPIRES   |  | 29. SPECIAL REFERENCE       |  | 30. RETIREMENT DATA               |  | 31. SEPARATION DATA CODE         |  | 32. CORRECTION / CANCELLATION DATA |  | 33. SECURITY REG NO    |  | 34. SER              |  | EOD DATA          |  |                 |  |
| MO DA YR  |  | MO DA YR                    |  | 1 CSC<br>2 C/A<br>3 FCA<br>4 NONE |  | TYPE                             |  | MO DA YR                           |  | MO DA YR               |  | MO DA YR             |  | MO DA YR          |  |                 |  |
| 35. VET PREFERENCE  |  | 36. SERV COMP DATE          |  | 37. LONG TERM DATE                |  | 38. CAREER CATEGORY              |  | 39. FEGLI / HEALTH INSURANCE       |  | 40. SOCIAL SECURITY NO |  |                      |  |                   |  |                 |  |
| CODE  |  | MO DA YR                    |  | MO DA YR                          |  | LAW 81SV<br>PROV 13MP            |  | CODE                               |  | C/GR 0 WAIVER<br>1 YES |  | HEALTH INS CODE      |  |                   |  |                 |  |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE  |  |                             |  | 42. LEAVE CAT                     |  |                                  |  | 43. FEDERAL TAX DATA               |  |                        |  | 44. STATE TAX DATA   |  |                   |  |                 |  |
| CODE  |  |                             |  | FORM EXECUTED                     |  |                                  |  | CODE                               |  |                        |  | FORM EXECUTED        |  |                   |  |                 |  |
| 0 - NO PREVIOUS SERVICE<br>1 - NO BREAK IN SERVICE<br>2 - BREAK IN SERVICE LESS THAN 3 YRS<br>3 - BREAK IN SERVICE MORE THAN 3 YRS. |  |                             |  | 1 YES<br>2 NO                     |  |                                  |  | CODE                               |  |                        |  | 1 YES<br>2 - NO      |  |                   |  |                 |  |
| SIGNATURE OR OTHER AUTHENTICATION   |  |                             |  |                                   |  |                                  |  |                                    |  |                        |  |                      |  |                   |  |                 |  |
| <div style="text-align: right;">  </div>       |  |                             |  |                                   |  |                                  |  |                                    |  |                        |  |                      |  |                   |  |                 |  |



DATE: 22 AUG 75

SECRET  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION  |  |                             |  |                                       |  |   |  |                                   |  |   |  |
|---|--|-----------------------------|--|---------------------------------------|--|---|--|-----------------------------------|--|---|--|
| 1. SERIAL NUMBER  |  | 2. NAME (LAST FIRST MIDDLE) |  |                                       |  |   |  |                                   |  |   |  |
| 025658  |  | PICCOLO JOSEPH S            |  |                                       |  |   |  |                                   |  |   |  |
| 3. NATURE OF PERSONNEL ACTION   |  |                             |  |                                       |  | 4. EFFECTIVE DATE                                       |  | 5. CATEGORY OF EMPLOYMENT         |  |   |  |
| CONVERSION FROM <input type="checkbox"/> STATUS   |  |                             |  |                                       |  | CUB <sup>a</sup> YR<br>09 25 75                         |  | REGULAR                           |  |   |  |
| 6. FUNDS  |  | V TO V                      |  | V TO CF                               |  | 7. PAN AND NSCA   |  | 8. CSC OR OTHER LEGAL AUTHORITY   |  |   |  |
| <input type="checkbox"/>  |  | <input type="checkbox"/>    |  | <input checked="" type="checkbox"/>   |  | 6135 1049 0002  |  | 50 USC 403 J                      |  |   |  |
| 9. ORGANIZATIONAL DESIGNATIONS  |  |                             |  |                                       |  | 10. LOCATION OF OFFICIAL STATION                        |  |                                   |  |   |  |
| DDO/LA DIVISION<br>FOREIGN FIELD  |  |                             |  |                                       |  | <input type="text"/>                                    |  |                                   |  |   |  |
| 11. POSITION TITLE  |  |                             |  |                                       |  | 12. POSITION NUMBER                                     |  | 13. SERVICE DESIGNATION           |  |   |  |
| OPS OFFICER DCOS  |  |                             |  |                                       |  | CR49  |  | DCG                               |  |   |  |
| 14. CLASSIFICATION (SCHEDULE 10S, 1B, OR)   |  |                             |  | 15. OCCUPATIONAL SERIES               |  | 16. GRADE AND STEP                                      |  | 17. SALARY OR RATE                |  |   |  |
| GS  |  |                             |  | 0136.01                               |  | 13 4  |  | 23997                             |  |   |  |
| 18. REMARKS   |  |                             |  |                                       |  |   |  |                                   |  |   |  |
| <input type="text"/>  |  |                             |  |                                       |  |   |  |                                   |  |   |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |  |                             |  |                                       |  |   |  |                                   |  |   |  |
| 19. ACTION CODE   |  | 20. EMPLOY CODE             |  | 21. OFFICE CODING                     |  | 22. STATION CODE  |  | 23. INTEGRITY CODE                |  | 24. HOURS CODE  |  |
| 56  |  | 10                          |  | NUMERIC ALPHABETIC<br>51664 LA        |  | 52.073  |  | 3                                 |  | 25. DATE OF BIRTH                                     |  |
|   |  |                             |  |                                       |  |   |  |                                   |  | MO DA YR<br>12 09 35                                  |  |
| 26. NTE EXPIRES   |  | 29. SPECIAL REFERENCE       |  | 30. RETIREMENT DATA                   |  | 31. SEPARATION DATA CODE                                |  | 32. Correction / Concussion Data  |  | 33. SECURITY REQ NO                                   |  |
| MO DA YR  |  |                             |  | 1. CSC<br>2. CIA<br>3. ICA<br>4. NONE |  |   |  | TYPE MO DA YR                     |  | 34. SEX   |  |
|   |  |                             |  |                                       |  |   |  |                                   |  | 35. SOCIAL SECURITY NO                                |  |
| 35. VET PREFERENCE  |  | 36. SEPVR COMP. DATE        |  | 37. LONG COMP. DATE                   |  | 38. CAREER CATEGORY                                     |  | 39. FICLI / HEALTH INSURANCE      |  | 40. SOCIAL SECURITY NO                                |  |
| CODE 0. NONE<br>1. 0 PT<br>2. 10 PT   |  | MO DA YR                    |  | MO DA YR                              |  | CAR BPSV CODE<br>PROV EMP                               |  | CODE 0. WAIVER<br>1. YES<br>2. NO |  |   |  |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE  |  |                             |  | 42. LEAVE CAT CODE                    |  | 43. FEDERAL TAX DATA                                    |  |                                   |  | 44. STATE TAX DATA                                    |  |
| CODE 0. NO PREVIOUS SERVICE<br>1. NO BREAK IN SERVICE<br>2. BREAK IN SERVICE LESS THAN 3 YRS.<br>3. BREAK IN SERVICE MORE THAN 3 YRS. |  |                             |  |                                       |  | FORM EXECUTED CODE NO TAX EXEMPTIONS<br>1. YES<br>2. NO |  |                                   |  | FORM EXEMPTED CODE NO TAX EXEMPTED<br>1. YES<br>2. NO |  |
| SIGNATURE OR OTHER AUTHENTICATION   |  |                             |  |                                       |  |   |  |                                   |  |   |  |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>POSTED</p> <p><i>[Signature]</i></p> </div>            |  |                             |  |                                       |  |   |  |                                   |  |   |  |



"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11811 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 OCTOBER 1974

|                  |        |       |       |            |            |
|------------------|--------|-------|-------|------------|------------|
| NAME             | SERIAL | ORGN. | FUNDS | GR-STEP    | NEW SALARY |
| PICCOLO JOSEPH S | 025058 | 51    | 660   | CF CS 13 3 | \$23,270   |

4-52

|   |                 |      |                  |       |                 |          |                |                |           |
|---|-----------------|------|------------------|-------|-----------------|----------|----------------|----------------|-----------|
| 1   | SERIAL NO       | 2    | NAME             | 3     | ORGN. FUND      | 4        | FUNDS          | 5              | WOP HOURS |
|   | 025058          |      | PICCOLO JOSEPH S |       | 51 660          |          | CF             |                |           |
| 6.  | OLD SALARY RATE |      |                  | 7.    | NEW SALARY RATE |          |                | 8. TYPE ACTION |           |
|   | Grade           | Step | Salary           | Grade | Step            | Salary   | EFFECTIVE DATE | WGI            | QSI       |
|   | GS 13           | 3    | \$23,270         | GS 13 | 4               | \$23,997 | 02/02/75       |                |           |
| CERTIFICATION AND AUTHORIZATION   |                 |      |                  |       |                 |          |                |                |           |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE  |                 |      |                  |       |                 |          |                |                |           |
| SIGNATURE   |                 |      |                  |       |                 |          | DATE           |                |           |
| <input type="checkbox"/> NO EXCESS WOP<br><input checked="" type="checkbox"/> PAY STATUS AT END OF WAITING PERIOD<br><input type="checkbox"/> WOP STATUS AT END OF WAITING PERIOD |                 |      |                  |       |                 |          |                |                |           |
| CURR'S INITIALS   |                 |      |                  |       |                 |          |                |                |           |
| FORM 10-73 560E PAY CHANGE NOTIFICATION (4 51)  |                 |      |                  |       |                 |          |                |                |           |



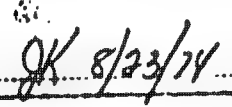
SECRET

(When Filled In)

DDG: 22 AUG 74

## NOTIFICATION OF PERSONNEL ACTION

DDF

|  |   |  |   |
|--|---|--|---|
| 1. SERIAL NUMBER<br>25055  |   | 2. NAME (LAST FIRST MIDDLE)<br>PICCOLO JOSEPH S            |   |
| 3. NATURE OF PERSONNEL ACTION<br>CHANGE OF USCA  |   | 4. EFFECTIVE DATE<br>MO DA YR<br>08 19 74                  | 5. CATEGORY OF EMPLOYMENT<br>REGULAR            |
| 6. FUNDS<br>V TO V<br>CF TO V<br>V TO CF<br>CF TO CF   | 7. PAN AND NSCA<br>5135 1 00 0002               |  | 8. CSC OR OTHER LEGAL AUTHORITY<br>54 USC 403 J |
| 9. ORGANIZATIONAL DESIGNATIONS<br>DDO/WH DIVISION<br>FOREIGN FIELD<br>BRANCH 2- STATION  |   | 10. LOCATION OF OFFICIAL STATION                           |   |
| 11. POSITION TITLE<br>OPS OFFICER  |   | 12. POSITION NUMBER<br>4306                                | 13. SERVICE DESIGNATION<br>DDG                  |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)<br>GS   | 15. OCCUPATIONAL SERIES<br>6136.01              | 16. GRADE AND STEP<br>GS 4<br>13 3                         | 17. SALARY OR RATE<br>16479<br>22355            |
| 18. REMARKS  |   |  |   |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |   |  |   |
| 19. ACTION CODE<br>37  | 20. EMPLOY CODE<br>10                           | 21. OFFICE CODING<br>NUMERIC ALPHABETIC<br>51566 MR        | 22. STATION CODE<br>52573                       |
| 23. INTEREST CODE<br>3   | 24. MAGNITUDE CODE<br>12                        | 25. DATE OF BIRTH<br>MO DA YR<br>08 19 74                  | 26. DATE OF GRADE<br>MO DA YR                   |
| 27. DATE OF LEI<br>MO DA YR  | 28. NTE EXPIRES<br>MO DA YR                     | 29. SPECIAL REFERENCE<br>1 CSC<br>2 CJA<br>3 FCA<br>4 NAWA | 30. RETIREMENT DATA<br>CODE                     |
| 31. SEPARATION DATA CODE<br>TYPE   | 32. CORRELATION / CONSULTATION DATA<br>MO DA YR | 33. SECURITY REQ NO  | 34. SEX   |
| 35. REFERENCE<br>CODE<br>0 NO REF<br>1 YES<br>2 NO   | 36. SERV COMP DATE<br>MO DA YR                  | 37. LONG COMP DATE<br>MO DA YR                             | 38. CAREER CATEGORY<br>CSC BSW<br>PROV SEAF     |
| 39. FEDERAL TAX DATA<br>CODE<br>1 YES<br>2 NO  | 40. HEALTH INSURANCE<br>CODE<br>1 YES<br>2 NO   | 41. SOCIAL SECURITY NO                                     | 42. STATE TAX DATA<br>CODE<br>1 YES<br>2 NO     |
| 43. PREVIOUS CIVILIAN GOVERNMENT SERVICE<br>CODE<br>1 NO PREVIOUS SERVICE<br>2 NO DELAY IN SERVICE<br>3 DELAY IN SERVICE (MORE THAN 3 YRS)<br>4 DELAY IN SERVICE (LESS THAN 3 YRS) |   |  |   |
| 44. LEAVE CAT CODE   |   |  |   |
| 45. FEDERAL TAX DATA<br>CODE<br>1 YES<br>2 NO  |   |  |   |
| 46. STATE TAX DATA<br>CODE<br>1 YES<br>2 NO  |   |  |   |
| 47. SIGNATURE OF OTHER AUTHENTICATION  |   |  |   |
| <div style="text-align: right;"> <b>POSTED</b><br/>  </div>                                   |   |  |   |



EFFECTIVE DATE OF PAY ADJUSTMENT: 14 OCTOBER 1973

| NAME             | SERIAL | CRGN. | FUND   | GR-STEP | NEW SALARY |
|------------------|--------|-------|--------|---------|------------|
| PICCOLI JOSEPH S | 025658 | 51    | 660 CF | GS 13 2 | \$21,366   |

|  |                 |      |                  |          |                 |        |                |          |             |
|--|-----------------|------|------------------|----------|-----------------|--------|----------------|----------|-------------|
| 1  | SERIAL NO       | 2    | NAME             | 3        | ORGANIZATION    | 4      | FUNDS          | 5        | UNEMP HOURS |
|  | 025658          |      | PICCOLO JOSEPH S |          | 51 660          |        | CF             |          |             |
| 6  | OLD SALARY RATE |      |                  | 7        | NEW SALARY RATE |        | 8 TYPE ACTION  |          |             |
|  | Grade           | Step | Salary           | Grade    | Step            | Salary | EFFECTIVE DATE | SI       | ADJ         |
|  | GS              | 13   | 2                | \$21,366 | GS              | 13     | 3              | \$22,055 | 02/03/74    |
| CERTIFICATION AND AUTHENTICATION   |                 |      |                  |          |                 |        |                |          |             |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE   |                 |      |                  |          |                 |        |                |          |             |
| SIGNATURE  |                 |      |                  |          |                 |        | DATE           |          |             |
|  |                 |      |                  |          |                 |        |                |          |             |
| <input checked="" type="checkbox"/> NO EXCESS UNEMP<br><input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD<br><input type="checkbox"/> UNEMP STATUS AT END OF WAITING PERIOD   |                 |      |                  |          |                 |        |                |          |             |
| FEES DEDUCTIONS<br>1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. |                 |      |                  |          |                 |        |                |          |             |
| PAYMENT 560E<br>PAY CHANGE NOTIFICATION  |                 |      |                  |          |                 |        |                |          |             |



RCS: 20 SEP 73

SECRET  
(When Filled In)

## NOTIFICATION OF PERSONNEL ACTION

ODF

|   |                        |                                 |                                |
|---|------------------------|---------------------------------|--------------------------------|
| 1 SERIAL NUMBER   |                        | 2 NAME (LAST FIRST MIDDLE)      |                                |
| 025658  |                        | PICCOLO JOSEPH S                |                                |
| 3 NATURE OF PERSONNEL ACTION                                  |                        | 4 EFFECTIVE DATE                | 5 CATEGORY OF EMPLOYMENT       |
| REASSIGNMENT  |                        | 09   17   73                    | REGULAR                        |
| 6 FUNDS   | V TO V                 | 7 FAN AND NSCA                  | 8 CSC OR OTHER LEGAL AUTHORITY |
|   | CF TO V                | 4135 1049 0001                  | 50 USC 403 J                   |
| 9 ORGANIZATIONAL DESIGNATIONS                                 |                        | 10 LOCATION OF OFFICIAL STATION |                                |
| DDO/WH DIVISION<br>FOREIGN FIELD<br>BRANCH 2- [ ] STATION [ ] |                        |                                 |                                |
| 11 POSITION TITLE   |                        | 12 POSITION NUMBER              | 13 SERVICE DESIGNATION         |
| OPS OFFICER DCOS  |                        | 0396                            | D                              |
| 14 CLASSIFICATION SCHEDULE (GS LB etc.)                       | 15 OCCUPATIONAL SERIES | 16 GRADE AND STEP               | 17 SALARY OR RATE              |
| GS  | 0136.01                | 05 3<br>13 2                    | 17075<br>20357                 |
| 18 REMARKS  |                        |                                 |                                |
| OPS OFFICER DCOS OCCUPYING OPS OFFICER POSITION               |                        |                                 |                                |
| [ ]   |                        |                                 |                                |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL      |                        |                                 |                                |
| 19 ACTION CODE  | 20 EMPLOY CODE         | 21 OFFICE CODING                | 22 STATION CODE                |
| 37  | 10                     | 51660 WH                        | 52073                          |
| 23 INTEREST CODE  | 24 INQUIRY CODE        | 25 DATE OF BIRTH                | 26 DATE OF GRADE               |
|   |                        | 12   08   35                    |                                |
| 28 INT. EXP. DATE   | 29 SPECIAL REFERENCE   | 30 RETIREMENT DATA              | 31 SEPARATION DATA CODE        |
|   |                        |                                 |                                |
| 32 CORRECTION / CANCELLATION DATA                             | 33 SECURITY REQ. NO.   | 34 SEX                          |                                |
|   |                        |                                 |                                |
| 35 VET. PREFERENCE  | 36 SERV. COMP. DATE    | 37 LONG. COMP. DATE             | 38 CAREER CATEGORY             |
|   |                        |                                 |                                |
| 39 REG. / HEALTH INSURANCE                                    | 40 SOCIAL SECURITY NO. |                                 |                                |
|   |                        |                                 |                                |
| 41 PREVIOUS CIVILIAN GOVERNMENT SERVICE                       | 42 LEAVE CAT. CODE     | 43 FEDERAL TAX DATA             | 44 STATE TAX DATA              |
|   |                        |                                 |                                |
| SIGNATURE OR OTHER AUTHENTICATION                             |                        |                                 |                                |
| [ ]   |                        |                                 |                                |

FORM 1150  
9-72 WFO 11-72Use Previous  
Edition

SECRET

EXEMPTED BY 007622

05



**SECRET**  
(When Filled In)

**NOTIFICATION OF PERSONNEL ACTION**

0355 07/21/73

|  |         |  |   |                                 |  |
|--|---------|--|---|---------------------------------|--|
| 1. SERIAL NUMBER<br><b>025658</b>  |         | 2. NAME (LAST FIRST MIDDLE)<br><b>PICCOLO JOSEPH S</b> |   |                                 |  |
| 3. NATURE OF PERSONNEL ACTION<br><b>REASSIGNMENT AND CHANGE IN N.S.C.A.</b>  |         |  | 4. EFFECTIVE DATE<br>MO DA YR<br><b>07 01 73</b>  |                                 | 5. CATEGORY OF EMPLOYMENT                  |
| 6. FUNDS   | V TO V  | V TO CF  | 7. PAN AND NSCA<br><b>4135 0694 0001</b>  |                                 | 8. CSC OR OTHER LEGAL AUTHORITY            |
|  | CF TO V | CF TO CF   |   |                                 |  |
| 9. ORGANIZATIONAL DESIGNATIONS<br><b>DDC/WH CIVISION</b>   |         |  | 10. LOCATION OF OFFICIAL STATION<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |                                 |  |
| 11. POSITION TITLE<br><b>OPS OFFICER</b>   |         |  | 12. POSITION NUMBER<br><b>1865</b>  |                                 | 13. CAREER SERVICE DESIGNATION<br><b>D</b> |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)<br><b>GS</b>  |         | 15. OCCUPATIONAL SERIES<br><b>0136.01</b>              |   | 16. GRADE AND STEP<br><b>13</b> |  |
| 17. SALARY OR RATE   |         |  |   |                                 |  |
| 18. REMARKS  |         |  |   |                                 |  |
| SIGNATURE OR OTHER AUTHENTICATION  |         |  |   |                                 |  |
| <div style="float: right; border: 1px solid black; padding: 5px; text-align: center;"> <b>POSTED</b><br/> <i>0413 7-25-72</i> </div> |         |  |   |                                 |  |



THIS EMPLOYEE HAS BEEN IDENTIFIED AS  
A C.I.A. EMPLOYEE FOR PURPOSES OF  
WITHOLDING STATE AND FEDERAL TAXES

DATE DESIGNATED      JANUARY 03 1961

25658 JOSEPH S PICCOLO      635500080



SECRET  
(When Filled In)

LML: 06 FEB 73

NOTIFICATION OF PERSONNEL ACTION

ODE

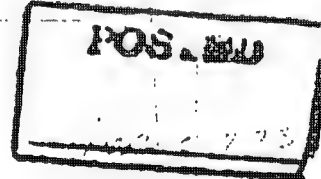
|   |  |                                    |  |
|---|--|------------------------------------|--|
| 1 SERIAL NUMBER   |  | 2 NAME (LAST FIRST MIDDLE)         |  |
| 025658  |  | PICCOLO JOSEPH S                   |  |
| 3 NATURE OF PERSONNEL ACTION                                  |  | 4 EFFECTIVE DATE                   |  |
| PROMOTION   |  | 02 04 73                           |  |
| 5 CATEGORY OF EMPLOYMENT                                      |  | REGULAR                            |  |
| 6 FUNDS   |  | 7 Financial Analysis No Chargeable |  |
| V TO V  |  | B CSC OR OTHER LEGAL AUTHORITY     |  |
| CF TO V   |  | 3135 0694 0002                     |  |
| X   |  | 50 USC 403 J                       |  |
| CF TO CF  |  |                                    |  |
| 9 ORGANIZATIONAL DESIGNATIONS                                 |  |                                    |  |
| DDP/WH DIVISION<br>FOREIGN FIELD<br>BRANCH 5- STATION<br>BASE |  |                                    |  |
| 11 POSITION TITLE   |  | 12 POSITION NUMBER                 |  |
| OPS OFFICER   |  | 1865                               |  |
| 14 CLASSIFICATION-SCHEDULE (GS, LO, etc.)                     |  | 15 OCCUPATIONAL SERIES             |  |
| GS  |  | 0136,01                            |  |
| 16 GRADE AND STEP   |  | 17 SALARY OR RATE                  |  |
| 05 3<br>13 2  |  | 17075<br>20357                     |  |
| 18 REMARKS  |  |                                    |  |

HOME BASE: WH

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

|   |  |                                    |                         |                                   |                              |                  |                  |                |
|---|--|------------------------------------|-------------------------|-----------------------------------|------------------------------|------------------|------------------|----------------|
| 19 ACTION CODE                          | 20 EMPLOY CODE   | 21 OFFICE CODING                   | 22 STATION CODE         | 23 INTEGRITY CODE                 | 24 MILES CODE                | 25 DATE OF BIRTH | 26 DATE OF GRADE | 27 DATE OF LEL |
| 22                                      | 10   | 51825 WH                           | 09037                   |                                   | 3                            | 12 08 35         | 02 04 73         | 02 04 73       |
| 28 NTE EXPIRES                          | 29 SPECIAL REFERENCE   | 30 RETIREMENT DATA                 | 31 SEPARATION DATA CODE | 32 Correction / Cancellation Data | 33 SECURITY REQ NO           | 34 SEX           |                  |                |
| MO DA YR                                |  | 1 CSC<br>2 CIA<br>3 FICA<br>4 NONE | CODE                    | TYPE MO DA YR                     |                              |                  |                  |                |
| 35 VET PREFERENCE                       | 36 SERV COMP DATE  | 37 LONG COMP DATE                  | 38 CAREER CATEGORY      | 39 FEGLI / HEALTH INSURANCE       | 40 SOCIAL SECURITY NO        |                  |                  |                |
| CODE                                    | 0 NONE<br>1 5 PT<br>2 10 PT  | MO DA YR                           | MO DA YR                | CODE CODE 0 WAIVER<br>1 YES       | HEALTH INS CODE              |                  |                  |                |
| 41 PREVIOUS CIVILIAN GOVERNMENT SERVICE | 42 LEAVE CAT CODE  | 43 FEDERAL TAX DATA                | 44 STATE TAX DATA       |                                   |                              |                  |                  |                |
| CODE                                    | 0 NO PREVIOUS SERVICE<br>1 NO BREAK IN SERVICE<br>2 BREAK IN SERVICE (LESS THAN 3 YRS)<br>3 BREAK IN SERVICE (MORE THAN 3 YRS) | FORM EXECUTED<br>1 YES<br>2 NO     | CODE NO TAX EXEMPTIONS  | FORM EXECUTED<br>1 YES<br>2 NO    | CODE NO TAX STATE CODE EXEMP |                  |                  |                |

SIGNATURE OR OTHER AUTHENTICATION



SECRET

MDP



"PAY ADJUSTMENT IN ACCORDANCE WITH 5 U.S.C. 5305 AND EXECUTIVE ORDER 11691 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 07 JANUARY 1973

| NAME             | SERIAL | ORGN. | FUNDS | GR-STEP    | NEW<br>SALARY |
|------------------|--------|-------|-------|------------|---------------|
| PICCOLI JOSEPH S | 025658 | 51    | 825   | CF GS 12 5 | \$18,906      |



SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

|  |  |   |  |
|--|--|---|--|
| 1. SERIAL NUMBER<br>125600   |  | 2. NAME (LAST FIRST MIDDLE)<br>MICHAEL J. SHERMAN         |  |
| 3. NATURE OF PERSONNEL ACTION<br>RELLOCATION OF A.S.C.A.   |  | 4. EFFECTIVE DATE<br>MO DA YR<br>09 01 72                 |  |
| 5. CATEGORY OF EMPLOYMENT  |  | 6. CSC OR OTHER LEGAL AUTHORITY                           |  |
| 7. Financial Analysis Not Chargeable   |  | 8. CSC OR OTHER LEGAL AUTHORITY                           |  |
| 9. ORGANIZATIONAL DESIGNATIONS<br>DDP/01 DIVISION  |  | 10. LOCATION OF OFFICIAL STATION                          |  |
| 11. POSITION TITLE<br>CPS OFFICER  |  | 12. POSITION NUMBER<br>1800                               |  |
| 13. SERVICE DESIGNATION<br>12  |  | 14. CLASSIFICATION SCHEDULE (GS, LS, etc.)<br>FS          |  |
| 15. OCCUPATIONAL SERIES<br>0130.01   |  | 16. GRADE AND STEP<br>2                                   |  |
| 17. SALARY OR RATE   |  | 18. REMARKS   |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |  |   |  |
| 19. ACTION CODE  |  | 20. EMPLOY CODE   |  |
| 21. PAYEE CODING<br>NUMERIC ALPHABETIC   |  | 22. STATION CODE  |  |
| 23. INTEGRITY CODE   |  | 24. HOURS CODE  |  |
| 25. DATE OF BIRTH<br>MO DA YR  |  | 26. DATE OF GRADE<br>MO DA YR                             |  |
| 27. DATE OF LEI<br>MO DA YR  |  | 28. NTE EXPIRES<br>MO DA YR                               |  |
| 29. SPECIAL PREFERENCE<br>1. CSC<br>2. CIA<br>3. SCA<br>4. NONE  |  | 30. RETIREMENT DATA<br>CODE                               |  |
| 31. SEPARATION DATA CODE   |  | 32. Correction / Completion Date<br>TYPE MO DA YR         |  |
| 33. SECURITY REQ NO  |  | 34. SEX   |  |
| 35. VET PREFERENCE<br>CODE<br>0 NONE<br>1 5 PT<br>2 10 PT  |  | 36. SERV COMP DATE<br>MO DA YR                            |  |
| 37. LONG COMP DATE<br>MO DA YR   |  | 38. CAREER CATEGORY<br>CAR SERV CODE<br>PROV TEMP         |  |
| 39. PRIOR HEALTH INSURANCE<br>CODE<br>1 YES<br>2 NO  |  | 40. SOCIAL SECURITY NO                                    |  |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE<br>CODE<br>0 NO PREVIOUS SERVICE<br>1 NO BREAK IN SERVICE<br>2 BREAK IN SERVICE LESS THAN 3 YRS<br>3 BREAK IN SERVICE MORE THAN 3 YRS |  | 42. LEAVE CAT CODE  |  |
| 43. FEDERAL TAX DATA<br>FORM EXECUTED CODE<br>1 YES<br>2 NO  |  | 44. STATE TAX DATA<br>FORM EXECUTED CODE<br>1 YES<br>2 NO |  |
| SIGNATURE OR OTHER AUTHENTICATION  |  |   |  |
| POSTED<br>11 20 72   |  |   |  |



G-57

|   |      |                  |               |                    |      |          |                |                |     |
|---|------|------------------|---------------|--------------------|------|----------|----------------|----------------|-----|
| 1. SERIAL NO.   |      | 2. NAME          |               | 3. ORGANIZATION    |      | 4. FUNDS |                | 5. LWOP STATUS |     |
| 025658  |      | PICCOLO JOSEPH S |               | 91 825             |      | CF       |                |                |     |
| 6. OLD SALARY RATE  |      |                  |               | 7. NEW SALARY RATE |      |          |                | 8. TYPE ACTION |     |
| Grade   | Step | Salary           | Post Eff Date | Grade              | Step | Salary   | EFFECTIVE DATE | SI             | ADJ |
| GS 12   | 4    | \$17,453         | 09/20/70      | GS 12              | 5    | \$17,987 | 09/17/72       |                |     |
| CERTIFICATION AND AUTHENTICATION  |      |                  |               |                    |      |          |                |                |     |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.   |      |                  |               |                    |      |          |                |                |     |
| SIGNATURE   |      |                  |               |                    |      | DATE     |                |                |     |
| <i>Stephen E. Englehardt</i>  |      |                  |               |                    |      | 10/2/72  |                |                |     |
| <input type="checkbox"/> NO EXCESS LWOP<br><input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD<br><input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD |      |                  |               |                    |      |          |                |                |     |
| EMERX INITIALS  |      |                  |               | AUDITED BY         |      |          |                |                |     |
| M. E. P. E. R.  |      |                  |               |                    |      |          |                |                |     |
| FORM 7-6A 560 E Use previous editions<br>PAY CHANGE NOTIFICATION<br>W. E. R. (4-51)   |      |                  |               |                    |      |          |                |                |     |

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 92-210 AND EXECUTIVE ORDER 11637 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 9 JANUARY 1972

| NAME             | SERIAL | ORGN. | FUNDS | GP-STEP    | NEW SALARY |
|------------------|--------|-------|-------|------------|------------|
| PICCOLO JOSEPH S | 025658 | 51    | 825   | CF GS 12 4 | \$17,453   |



**SECRET**  
(When Filled In)

## NOTIFICATION OF PERSONNEL ACTION

| NOTIFICATION OF PERSONNEL ACTION   |  |                             |  |                                  |  |                                      |  |                                    |  |                                 |  |                                |  |                   |  |                 |  |
|--|--|-----------------------------|--|----------------------------------|--|--------------------------------------|--|------------------------------------|--|---------------------------------|--|--------------------------------|--|-------------------|--|-----------------|--|
| 1. SERIAL NUMBER   |  | 2. NAME (LAST FIRST MIDDLE) |  |                                  |  |                                      |  |                                    |  |                                 |  |                                |  |                   |  |                 |  |
| 020006   |  | PICCOLO JOSEPH S            |  |                                  |  |                                      |  |                                    |  |                                 |  |                                |  |                   |  |                 |  |
| 3. NATURE OF PERSONNEL ACTION  |  |                             |  |                                  |  | 4. EFFECTIVE DATE                    |  | 5. CATEGORY OF EMPLOYMENT          |  |                                 |  |                                |  |                   |  |                 |  |
| REASSIGNMENT   |  |                             |  |                                  |  | MO DA YR<br>12 21 72                 |  | REGULAR                            |  |                                 |  |                                |  |                   |  |                 |  |
| 6. FUNDS   |  | V TO V                      |  | V TO CF                          |  | 7. Financial Analysis No. Chargeable |  |                                    |  | 8. CSC OR OTHER LEGAL AUTHORITY |  |                                |  |                   |  |                 |  |
| CF TO V  |  | A                           |  | CF TO CF                         |  | 2135 0094 (XXX)                      |  |                                    |  | XX USC 403 J                    |  |                                |  |                   |  |                 |  |
| 9. ORGANIZATIONAL DESIGNATIONS   |  |                             |  |                                  |  | 10. LOCATION OF OFFICIAL STATION     |  |                                    |  |                                 |  |                                |  |                   |  |                 |  |
| DDP/WH DIVISION<br>FOREIGN FIELD<br>BRANCH 5-  |  |                             |  |                                  |  | STATION<br>BASE                      |  |                                    |  |                                 |  |                                |  |                   |  |                 |  |
| 11. POSITION TITLE   |  |                             |  |                                  |  | 12. POSITION NUMBER                  |  |                                    |  | 13. SERVICE DESIGNATION         |  |                                |  |                   |  |                 |  |
| OPS OFFICER  |  |                             |  |                                  |  | 1805                                 |  |                                    |  | C                               |  |                                |  |                   |  |                 |  |
| 14. CLASSIFICATION SCHEDULE (GS, 18, etc.)   |  |                             |  | 15. OCCUPATIONAL SERIES          |  | 16. GRADE AND STEP                   |  |                                    |  | 17. SALARY OR RATE              |  |                                |  |                   |  |                 |  |
| GS   |  |                             |  | 0135.01                          |  | GS 2<br>12 4                         |  |                                    |  | 15732<br>17453                  |  |                                |  |                   |  |                 |  |
| 18. REMARKS  |  |                             |  |                                  |  |                                      |  |                                    |  |                                 |  |                                |  |                   |  |                 |  |
| HOME BASE: WH  |  |                             |  |                                  |  |                                      |  |                                    |  |                                 |  |                                |  |                   |  |                 |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |  |                             |  |                                  |  |                                      |  |                                    |  |                                 |  |                                |  |                   |  |                 |  |
| 19. ACTION CODE  |  | 20. EMPLOY CODE             |  | 21. OFFICE CODING                |  | 22. STATION CODE                     |  | 23. INTEGRATE CODE                 |  | 24. RIGHTS CODE                 |  | 25. DATE OF BIRTH              |  | 26. DATE OF GRADE |  | 27. DATE OF LRI |  |
| 37   |  | 10                          |  | NUMBER ALPHABETIC<br>51825 WH    |  | 03037                                |  |                                    |  | 3                               |  | MO DA YR<br>12 08 35           |  | MO DA YR          |  | MO DA YR        |  |
| 28. NTE EXPIRES  |  | 29. SPECIAL REFERENCE       |  | 30. RETIREMENT DATA              |  | 31. SEPARATION DATA CODE             |  | 32. Correction / Cancellation Data |  | EOD DATA                        |  | 33. SECURITY REG NO            |  | 34. SEX           |  |                 |  |
| MO DA YR   |  |                             |  | 1 CM<br>2 CIA<br>3 FCA<br>4 NONE |  | TYPE                                 |  | MO DA YR                           |  |                                 |  |                                |  |                   |  |                 |  |
| 35. VET PREFERENCE   |  | 36. SERV COMP DATE          |  | 37. LONG COMP DATE               |  | 38. CAREER CATEGORY                  |  | 39. FIGHT / HEALTH INSURANCE       |  | 40. SOCIAL SECURITY NO          |  |                                |  |                   |  |                 |  |
| CODE   |  | MO DA YR                    |  | MO DA YR                         |  | LAB BSVV<br>PNTV TEMP                |  | CODE                               |  | 1 YES<br>2 NO                   |  | HEALTH INS CODE                |  |                   |  |                 |  |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE   |  |                             |  | 42. LEAVE CAT CODE               |  |                                      |  | 43. FEDERAL TAX DATA               |  |                                 |  | 44. STATE TAX DATA             |  |                   |  |                 |  |
| CODE   |  |                             |  | FORM EXEMPTED<br>1 YES<br>2 NO   |  |                                      |  | CODE                               |  |                                 |  | FORM EXEMPTED<br>1 YES<br>2 NO |  |                   |  | CODE            |  |
| 0 NO PREVIOUS SERVICE<br>1 NO BREAK IN SERVICE<br>2 BREAK IN SERVICE LESS THAN 5 YRS<br>3 BREAK IN SERVICE MORE THAN 5 YRS |  |                             |  |                                  |  |                                      |  |                                    |  |                                 |  |                                |  |                   |  |                 |  |
| SIGNATURE OR OTHER AUTHENTICATION  |  |                             |  |                                  |  |                                      |  |                                    |  |                                 |  |                                |  |                   |  |                 |  |

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1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

When I say that



"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-656 AND EXECUTIVE ORDER 11576 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 JANUARY 1971

|                  |        |      |       |            |            |
|------------------|--------|------|-------|------------|------------|
| NAME             | SERIAL | ORG. | FUNDS | GR-STEP    | NEW SALARY |
| PICCOLO JOSEPH S | 025658 | 51   | 730   | CF GS 12 4 | \$16,543   |

657

1/5/75

|   |      |                  |                |                    |      |          |                |                |      |
|---|------|------------------|----------------|--------------------|------|----------|----------------|----------------|------|
| 1. SERIAL NO.   |      | 2. NAME          |                | 3. ORGANIZATION    |      | 4. FUNDS |                | 5. LWOP HOURS  |      |
| 025658  |      | PICCOLO JOSEPH S |                | 51 730             |      | CF       |                |                |      |
| 6. OLD SALARY RATE  |      |                  |                | 7. NEW SALARY RATE |      |          |                | 8. TYPE ACTION |      |
| Grade   | Step | Salary           | Last Eff. Date | Grade              | Step | Salary   | EFFECTIVE DATE | SI             | ADJ. |
| GS 12   | 3    | \$15,138         | 09/21/69       | GS 12              | 4    | \$15,611 | 09/20/70       |                |      |
| CERTIFICATION AND AUTHENTICATION  |      |                  |                |                    |      |          |                |                |      |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.   |      |                  |                |                    |      |          |                |                |      |
| SIGNATURE   |      |                  |                |                    |      | DATE     |                |                |      |
| <i>Joseph S. Piccolo</i>  |      |                  |                |                    |      | 7/14/70  |                |                |      |
| <input type="checkbox"/> NO EXCESS LWOP<br><input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD<br><input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD |      |                  |                |                    |      |          |                |                |      |
| APPROVED INITIALS   |      |                  |                | INITIALED BY       |      |          |                |                |      |
| P. S. WATKINS   |      |                  |                |                    |      |          |                |                |      |
| FORM 360E Use previous editions<br>PAY CHANGE NOTIFICATION<br>(16-571)  |      |                  |                |                    |      |          |                |                |      |



SECRET

(When Filled In)

002: 2 JUN 70

## NOTIFICATION OF PERSONNEL ACTION

CDF

|  |  |  |   |
|--|--|--|---|
| 1. SERIAL NUMBER<br>025658   |  | 2. NAME (LAST FIRST MIDDLE)<br>PICCOLO JOSEPH S                |   |
| 3. NATURE OF PERSONNEL ACTION<br>REASSIGNMENT  |  | 4. EFFECTIVE DATE<br>15 JUN 70                                 |   |
| 5. CATEGORY OF EMPLOYMENT<br>REGULAR   |  | 6. FINANCIAL ANALYSIS FEE CHARGEABLE<br>NO                     |   |
| 7. CSC OR OTHER LEGAL AUTHORITY<br>50 USC 403 J  |  | 8. LOCATION OF OFFICIAL STATION<br>0135 0004 0000              |   |
| 9. ORGANIZATIONAL DESIGNATIONS<br>DDP/WH/FOREIGN FIELD<br>BRANCH 5   |  | 10. LOCATION OF OFFICIAL STATION<br>STATION                    |   |
| 11. POSITION TITLE<br>OPS OFFICER  |  | 12. POSITION NUMBER<br>0187                                    |   |
| 13. SERVICE DESIGNATION<br>D   |  | 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)<br>GS               |   |
| 15. OCCUPATIONAL SERIES<br>0136.01   |  | 16. GRADE AND STEP<br>GS 1<br>12 3                             |   |
| 17. SALARY OR RATE<br>13618<br>15138   |  | 18. REMARKS<br>WASH., D.C.<br><br>HOME BASE: WH                |   |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |  |  |   |
| 19. ACTION CODE<br>37  | 20. EMPLOY CODE<br>10                                | 21. OFFICE CODING<br>NUMERIC ALPHABETIC<br>51730 WH            | 22. STATION CODE<br>09037                         |
| 23. IN-PROCESS CODE<br>1   | 24. MONTHS CODE<br>12                                | 25. DATE OF BIRTH<br>MO DA YR<br>12 19 65                      | 26. DATE OF GRADE<br>MO DA YR                     |
| 27. DATE OF LEI<br>MO DA YR  | 28. NTS EXPIRES<br>MO DA YR                          | 29. SPECIAL REFERENCE<br>1. CSC<br>2. CIA<br>3. DIA<br>4. NCHD | 30. RETIREMENT DATA<br>CODE                       |
| 31. SEPARATION DATA<br>DATE CODE   | 32. CORRECTION / CONCURRENCE DATA<br>DATE CODE       | 33. SECURITY REQ NO  | 34. SEX   |
| 35. VET PREFERENCE<br>CODE   | 36. SERV COMP DATE<br>MO DA YR                       | 37. LONG COMP DATE<br>MO DA YR                                 | 38. CAREER CATEGORY<br>LAB BETA CODE<br>DATA TRIP |
| 39. RESULT HEALTH INSURANCE<br>CODE  | 40. SOCIAL SECURITY NO                               | 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE<br>CODE               | 42. LEAVE CAT CODE                                |
| 43. FEDERAL TAX DATA<br>FORM 1041-1/2/3/4/5/6/7/8/9/10/11/12/13/14/15/16/17/18/19/20/21/22/23/24/25/26/27/28/29/30/31/32/33/34/35/36/37/38/39/40/41/42/43/44/45/46/47/48/49/50/51/52/53/54/55/56/57/58/59/60/61/62/63/64/65/66/67/68/69/70/71/72/73/74/75/76/77/78/79/80/81/82/83/84/85/86/87/88/89/90/91/92/93/94/95/96/97/98/99/00 | 44. STATE TAX DATA<br>FORM EXECUTED<br>1 YES<br>2 NO | 45. STATE CODE   | 46. STATE CODE                                    |
| SIGNATURE OR OTHER AUTHENTICATION  |  |  |   |

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06-10-70 JJA

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U.S. GOVERNMENT PRINTING OFFICE: 1969 O - 348-000



"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-231 AND  
EXECUTIVE ORDER 11524 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE  
CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 28 DECEMBER 1969

| NAME             | SERIAL | ORGN. | FUNDS | GR-STEP    | NEW<br>SALARY |
|------------------|--------|-------|-------|------------|---------------|
| PICCOLO JOSEPH S | 025658 | 51    | 997   | CF GS 12 3 | \$15,138      |



SECRET

(When Filled In)

DDU: 10 FEB 70

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## NOTIFICATION OF PERSONNEL ACTION

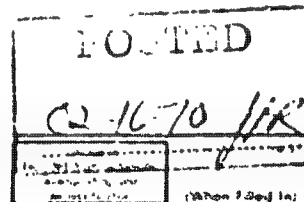
|   |   |  |   |
|---|---|--|---|
| 1 SERIAL NUMBER<br>025550   |   | 2 NAME (LAST FIRST MIDDLE)<br>PICCOLO JOSEPH S   |   |
| 3 NATURE OF PERSONNEL ACTION<br>REASSIGNMENT                      |   | 4 EFFECTIVE DATE<br>12 14 70   | 5 CATEGORY OF EMPLOYMENT<br>REGULAR             |
| 6 FUNDS<br>V TO V<br>CF TO V                                      | V TO CF<br>X CF TO CF                                 | 7 Financial Analysis No Chargeable<br>1135 0305 0000   | 8 CSC OR OTHER LEGAL AUTHORITY<br>50 USC 405 J  |
| 9 ORGANIZATIONAL DESIGNATIONS<br>UDP/WH<br>DEVELOPMENT COMPLEMENT |   | 10 LOCATION OF OFFICIAL STATION<br>WASH., D.C.   |   |
| 11 POSITION TITLE<br>OPS OFFICER                                  |   | 12 POSITION NUMBER<br>3037   | 13 SERVICE DESIGNATION<br>D                     |
| 14 CLASSIFICATION SCHEDULE (GS, 1B, etc.)<br>GS                   | 15 OCCUPATIONAL SERIES<br>0136.01                     | 16 GRADE AND STEP<br>GS 2<br>12 3  | 17 SALARY OR RATE<br>10962<br>14231             |
| 18 REMARKS<br>WASH., D.C.<br>TRAINING.                            |   |  |   |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL          |   |  |   |
| 19 ACTION CODE<br>37  | 20 EMPLOY CODE<br>13                                  | 21 OFFICE CODING<br>NUMERIC 51557 WH<br>ALPHABETIC   | 22 STATION CODE<br>75413                        |
| 23 INTEGRATE CODE   | 24 MONTHS   | 25 DATE OF BIRTH<br>MO DA YR<br>12 14 35   | 26 DATE OF GRADE<br>MO DA YR                    |
| 27 DATE OF LEI<br>MO DA YR  | 28 NTE EXPIRES<br>MO DA YR                            | 29 SPECIAL REFERENCE<br>1 CIL<br>2 CIA<br>3 FICA<br>4 NONE   | 30 RETIREMENT DATA<br>CODE                      |
| 31 SEPARATION DATA CODE   | 32 COMPLETION / CONCURRENCE DATA<br>TYPE MO DA YR     | 33 SECURITY REG NO   | 34 SEX  |
| 35 VET PREFERENCE<br>CODE 0 NONE<br>1 5 PT<br>2 10 PT             | 36 SERV COMP DATE<br>MO DA YR                         | 37 LONG COMP DATE<br>MO DA YR  | 38 CAREER CATEGORY<br>CAR BSV CODE<br>PROV TEMP |
| 39 FEGLI / HEALTH INSURANCE<br>COVS U WAIVER<br>1 YES<br>2 NO     | 40 SOCIAL SECURITY NO                                 | 41 PREVIOUS CIVILIAN GOVERNMENT SERVICE<br>CODE 0 NO PREVIOUS SERVICE<br>1 NO BREAK IN SERVICE<br>2 BREAK IN SERVICE - LESS THAN 3 YRS<br>3 BREAK IN SERVICE - MORE THAN 3 YRS |   |
| 42 LEAVE CAT CODE   | 43 FEDERAL TAX DATA<br>FORM EXCLUDED<br>1 YES<br>2 NO | 44 STATE TAX DATA<br>FORM EXCLUDED<br>1 YES<br>2 NO  |   |
| 45 SIGNATURE OR OTHER AUTHENTICATION                              |   |  |   |

FORM 5-66

1150  
May 1967Use Previous  
Edition

SECRET

BBC



(When Filled In)

Approved for Release by NSA on 08-12-2013 pursuant to E.O. 13526



"PAY ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF PL 90-206 AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1969

|                  |        |       |       |            |            |
|------------------|--------|-------|-------|------------|------------|
| NAME             | SERIAL | ORGN. | FUNDS | GR-STEP    | NEW SALARY |
| PICCOLO JOSEPH S | 025658 | 51    | 500   | CF GS 12 2 | \$13,835   |

COG

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COPIES  
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|   |      |                                 |                |                    |      |                                 |                |                |      |
|---|------|---------------------------------|----------------|--------------------|------|---------------------------------|----------------|----------------|------|
| 1. SERIAL NO.   |      | 2. NAME                         |                | 3. ORGANIZATION    |      | 4. FUNDS                        |                | 5. LWOP HOURS  |      |
| 025658  |      | PICCOLO JOSEPH S                |                | 51 500             |      | CF                              |                |                |      |
| 6. OLD SALARY RATE  |      |                                 |                | 7. NEW SALARY RATE |      |                                 |                | 8. TYPE ACTION |      |
| Grade   | Step | Salary                          | Last Eff. Date | Grade              | Step | Salary                          | EFFECTIVE DATE | SI             | ADJ. |
| GS 12   | 2    | <del>\$13,835</del><br>\$13,835 | 09/22/68       | GS 12              | 3    | <del>\$14,281</del><br>\$14,281 | 09/21/69       |                |      |
| CERTIFICATION AND AUTHENTICATION  |      |                                 |                |                    |      |                                 |                |                |      |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.   |      |                                 |                |                    |      |                                 |                |                |      |
| SIGNATURE <i>[Signature]</i>  |      |                                 |                |                    |      | DATE 22 JULY 1969               |                |                |      |
| <input type="checkbox"/> NO EXCESS LWOP<br><input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD<br><input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD |      |                                 |                |                    |      |                                 |                |                |      |
| CLERK'S INITIALS <i>[Initials]</i>  |      |                                 |                |                    |      | APPROVED BY <i>[Signature]</i>  |                |                |      |
| FORM 7-64 560 E Use previous editions PAY CHANGE NOTIFICATION (4-31)  |      |                                 |                |                    |      |                                 |                |                |      |



3: 7 JUL 69

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

DDP

|   |  |  |   |
|---|--|--|---|
| 1 SERIAL NUMBER<br><b>025658</b>                          |  | 2 NAME (LAST FIRST MIDDLE)<br><b>FISCOLO JOSEPH S</b>            |   |
| 3 NATURE OF PERSONNEL ACTION<br><b>REASSIGNMENT</b>       |  | 4 EFFECTIVE DATE<br><b>07/03/69</b>                              | 5 CATEGORY OF EMPLOYMENT<br><b>REGULAR</b>            |
| 6 FUNDS   | 7 V TO V<br>CF TO V <b>X</b>             | V TO CF<br>CF TO CF  | 8 CSC OR OTHER LEGAL AUTHORITY<br><b>50 USC 403 J</b> |
| 9 ORGANIZATIONAL DESIGNATIONS<br><b>DDP/WH<br/>WH/COG</b> |  | 10 LOCATION OF OFFICIAL STATION<br><b>BRANCH<br/>WASH., D.C.</b> |   |
| 11 POSITION TITLE<br><b>OFS OFFICER</b>                   |  | 12 POSITION NUMBER<br><b>1159</b>                                | 13 SERVICE DESIGNATION<br><b>D</b>                    |
| 14 CLASSIFICATION SCHEDULE (NLS OR NLS)<br><b>GS</b>      | 15 OCCUPATIONAL SERIES<br><b>0136.01</b> | 16 GRADE AND STEP<br><b>06 1<br/>12 2</b>                        | 17 SALARY OR RATE<br><b>9721<br/>12580</b>            |
| 18 REMARKS<br><b>WASH., D.C.</b>                          |  |  |   |

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

|  |   |  |   |   |   |                                     |   |                            |
|--|---|--|---|---|---|-------------------------------------|---|----------------------------|
| 19 ACTION CODE<br><b>37</b>  | 20 EMPLOY CODE<br><b>10</b>                               | 21 SPACE CODING<br>NUMERICAL ALPHABETIC<br><b>51500 WH</b> | 22 SELECTION CODE<br><b>75013</b>                             | 23 INTEREST CODE<br><b>1</b>  | 24 RESERVE CODE<br><b>1</b>                               | 25 DATE OF BIRTH<br><b>12/08/35</b> | 26 DATE OF GRADE<br>MO DA YR<br><b>12 08 65</b> | 27 DATE OF LET<br>MO DA YR |
| 28 HRS EMPLOYED<br>MO DA YR  | 29 SPECIAL REFERENCE<br>1 CSC<br>2 CAC<br>3 PCA<br>4 NCAD | 30 RETIREMENT DATA<br>CODE                                 | 31 SEPARATION DATA CODE<br>TYPE MO DA YR                      | 32 EXERCISE OF EMERGENCY DUTY<br>TYPE MO DA YR                        |   | 33 SECURITY REQ NO                  | 34 SER  |                            |
| 35 VET PREFERENCE<br>CODE<br>1 NONE<br>2 10 PT<br>3 10 PT  | 36 SERV COMP DATE<br>MO DA YR                             | 37 LONG COMP DATE<br>MO DA YR                              | 38 CAREER CATEGORY<br>CAR RESV CODE<br>PRIV LEAF              | 39 REGULAR HEALTH INSURANCE<br>LEAF 0 WAIVER 1 YES<br>HEALTH INS CODE |   | 40 SOCIAL SECURITY NO               |   |                            |
| 41 PREVIOUS CIVILIAN GOVERNMENT SERVICE<br>CODE<br>1 NO PREVIOUS SERVICE<br>2 NO SERVICE IN SPECIAL<br>3 SERVICE IN SPECIAL AFTER THREE (3) YRS<br>4 SERVICE IN SPECIAL 1 YEAR OR MORE (3) YRS |   | 42 LEAVE CAT CODE  | 43 FEDERAL TAX DATA<br>FEDERAL EXEMPTED CODE<br>1 YES<br>2 NO |   | 44 STATE TAX DATA<br>STATE EXEMPTED CODE<br>1 YES<br>2 NO |                                     |   |                            |

SIGNATURE OR OTHER AUTHENTICATION

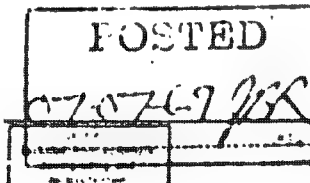
POSTED

FORM 1130  
5-60

Use Provided  
Edition

SECRET

PLW





FD-203 (Rev. 1-75)

**SECRET**  
(When Filled In)

**NOTIFICATION OF PERSONNEL ACTION**

DDF

|  |                                    |   |  |
|--|------------------------------------|---|--|
| 1. SERIAL NUMBER<br>025538   |                                    | 2. NAME (LAST FIRST MIDDLE)<br>PICCOLO JOSEPH S |  |
| 3. NATURE OF PERSONNEL ACTION<br>REASSIGNMENT                              |                                    | 4. EFFECTIVE DATE<br>MO DA YR<br>02 25 69       | 5. CATEGORY OF EMPLOYMENT<br>REGULAR                   |
| 6. FUNDS   | V TO V<br>CF TO V X                | V TO CF<br>CF TO CF                             | 7. Financial Analysis No. Chargeable<br>9135 0020 0000 |
| 8. ORGANIZATIONAL DESIGNATIONS<br>DDP/WH<br>WH/COG<br>THIRD COUNTRY BRANCH |                                    | 9. CSC OR OTHER LEGAL AUTHORITY<br>50 USC 403 J |  |
| 10. LOCATION OF OFFICIAL STATION<br>WASH., D.C.                            |                                    | 11. POSITION TITLE<br>OPS OFFICER               |  |
| 12. POSITION NUMBER<br>1152  |                                    | 13. SERVICE DESIGNATION<br>D                    |  |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)<br>GS                           | 15. OCCUPATIONAL SERIES<br>0136.01 | 16. GRADE AND STEP<br>GS 1<br>12 2              | 17. SALARY OR RATE<br>J721<br>12580                    |

18. REMARKS

**SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL**

|   |                                |  |   |  |   |   |                               |                             |
|---|--------------------------------|--|---|--|---|---|-------------------------------|-----------------------------|
| 19. ACTION CODE<br>37   | 20. EMPLOY CODE<br>10          | 21. OFFICE CODING<br>NUMERIC ALPHABETIC<br>51500 WH          | 22. STATION CODE<br>75013                             | 23. INTEGRAL CODE                                    | 24. HOURS CODE<br>1                                 | 25. DATE OF BIRTH<br>MO DA YR<br>12 08 35 | 26. DATE OF GRADE<br>MO DA YR | 27. DATE OF LSI<br>MO DA YR |
| 28. NTE EXPIRES<br>MO DA YR   | 29. SPECIAL REFERENCE          | 30. RETIREMENT DATA<br>1. CIV<br>2. CUA<br>3. FGA<br>4. NCMH | 31. SEPARATION DATA CODE                              | 32. Correction /Cancellation Date<br>MO DA YR        | 33. SECURITY REQ NO                                 |   | 34. SER                       |                             |
| 35. VET PREFERENCE<br>CODE 1. YES<br>2. NO  | 36. SERV COMP DATE<br>MO DA YR | 37. LONG COMP DATE<br>MO DA YR                               | 38. CAREER CATEGORY<br>CAB 25yr<br>POBY 12mo          | 39. PEGAL / HEALTH INSURANCE<br>CODE 1. YES<br>2. NO | 40. SOCIAL SECURITY NO                              |   |                               |                             |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE<br>CODE 1. NO PREVIOUS SERVICE<br>2. NO SERVICEMAN SERVICE<br>3. SERVICEMAN SERVICE (LESS THAN 5 YRS)<br>4. SERVICEMAN SERVICE (MORE THAN 5 YRS) |                                | 42. LEAVE CAT CODE   | 43. FEDERAL TAX DATA<br>FORM EMPLOYED 1. YES<br>2. NO |  | 44. STATE TAX DATA<br>FORM EMPLOYED 1. YES<br>2. NO |   |                               |                             |

SIGNATURE OR OTHER AUTHENTICATION

1008700  
2-27-69  
JLB

FORM 203 1150 May 1967

Use Previous Edition

**SECRET**

JLB

Excluded from automatic downgrading and declassification

(When Filled In)



2

COMPENSATION  
& TAX DIVISION

SEP 12 2 02 PM '68

|   |      |                  |               |                    |      |                 |                |                |      |
|---|------|------------------|---------------|--------------------|------|-----------------|----------------|----------------|------|
| 1. SERIAL NO.   |      | 2. NAME          |               | 3. ORGANIZATION    |      | 4. FUNDS        |                | 5. LWOP HOURS  |      |
| 025658  |      | PICCOLO JOSEPH S |               | 51 650             |      | CF              |                |                |      |
| 6. OLD SALARY RATE  |      |                  |               | 7. NEW SALARY RATE |      |                 |                | 8. TYPE ACTION |      |
| Grade   | Step | Salary           | Low Eff. Date | Grade              | Step | Salary          | EFFECTIVE DATE | SI             | ADJ. |
|   |      | 11223            |               |                    |      | 11563           |                |                |      |
| GS 11   | 4    |                  | 09/25/66      | GS 11              | 5    |                 | 09/22/68       |                |      |
| CERTIFICATION AND AUTHENTICATION  |      |                  |               |                    |      |                 |                |                |      |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.   |      |                  |               |                    |      |                 |                |                |      |
| SIGNATURE <i>E. J. Farrell</i>  |      |                  |               |                    |      | DATE 12 July 68 |                |                |      |
| <input type="checkbox"/> NO EXCESS LWOP<br><input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD<br><input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD |      |                  |               |                    |      |                 |                |                |      |
| CLERKS INITIALS   |      |                  |               |                    |      | AUDITED BY      |                |                |      |
|   |      |                  |               |                    |      |                 |                |                |      |
| FORM 560 E <small>Use previous editions</small> <b>PAY CHANGE NOTIFICATION</b> (4-51)   |      |                  |               |                    |      |                 |                |                |      |

0000

*[Handwritten signature]*



JLE:

SECRET  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION   |  |   |  |   |  |  |  |  |  |   |  |
|--|--|---|--|---|--|--|--|--|--|---|--|
| 1. SERIAL NUMBER<br>025633   |  | 2. NAME (LAST FIRST MIDDLE)<br>PICCOLO JOSEPH S |  |   |  |  |  |  |  |   |  |
| 3. NATURE OF PERSONNEL ACTION<br>PROMOTION   |  |   |  |   |  | 4. EFFECTIVE DATE<br>MO DA YR<br>09 22 68                    |  | 5. CATEGORY OF EMPLOYMENT<br>REGULAR                           |  |   |  |
| 6. PURPOSES<br>▶   |  | V TO V  |  | V TO CF   |  | 7. Financial Analysis No. Chargeable<br>9135 1049 0000       |  | 8. CSC OR OTHER LEGAL AUTHORITY<br>50 USC 403 J                |  |   |  |
| CF TO V  |  | X   |  | CF TO CF  |  |  |  |  |  |   |  |
| 9. ORGANIZATIONAL DESIGNATIONS<br>DDP/WH<br>FOREIGN FIELD<br>BRANCH 2  |  |   |  |   |  | 10. LOCATION OF OFFICIAL STATION<br>STATION                  |  |  |  |   |  |
| 11. POSITION TITLE<br>OPS OFFICER  |  |   |  |   |  | 12. POSITION NUMBER<br>0396                                  |  | 13. SERVICE DESIGNATION<br>-D                                  |  |   |  |
| 14. CLASSIFICATION SCHEDULE (GS, AB, etc.)<br>GS   |  |   |  | 15. OCCUPATIONAL SERIES<br>0136.01                  |  | 16. GRADE AND STEP<br>07 4<br>12 2                           |  | 17. SALARY OR RATE<br>8969<br>12580                            |  |   |  |
| 18. REMARKS  |  |   |  |   |  |  |  |  |  |   |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |  |   |  |   |  |  |  |  |  |   |  |
| 19. ATTY. CODE<br>22   |  | 20. SIGNATURE CODE<br>10                        |  | 21. OFFICE CODING<br>NUMERIC ALPHABETIC<br>51650 WH |  | 22. STATION CODE<br>52073                                    |  | 23. CATEGORY CODE<br>3   |  | 24. DATE OF BIRTH<br>MO DA YR<br>12 08 35 |  |
| 25. DATE OF GRADE<br>MO DA YR<br>09 22 68  |  | 26. DATE OF LEI<br>MO DA YR<br>09 22 68         |  | 27. SPECIAL REFERENCE                               |  | 28. RETIREMENT DATA<br>1. CYC<br>2. CUB<br>3. FUB<br>4. FUBH |  | 29. SEPARATION DATA CODE<br>TYPE<br>MO DA YR                   |  | 30. SECURITY REG NO                       |  |
| 31. VET PREPARED   |  | 32. SERV. COMP. DATE<br>MO DA YR                |  | 33. LONG. COMP. DATE<br>MO DA YR                    |  | 34. CAREER CATEGORY<br>CAR NO. CODE<br>NO. 1 YES<br>NO. 2 NO |  | 35. FEGLI - HEALTH INSURANCE<br>CODE 0 HEALTH<br>1 YES<br>2 NO |  | 36. SOCIAL SECURITY NO                    |  |
| 37. PREVIOUS CIVILIAN GOVERNMENT SERVICE<br>CODE<br>1. NO. PREVIOUS SERVICE<br>2. NO. PREVIOUS SERVICE<br>3. PREVIOUS SERVICE (LESS THAN 1 YR)<br>4. PREVIOUS SERVICE (MORE THAN 1 YR) |  |   |  | 38. LEAVE CAT. CODE                                 |  | 39. FEDERAL TAX DATA<br>FORM EXCLUDED<br>1. YES<br>2. NO     |  | 40. STATE TAX DATA<br>FORM EXCLUDED<br>1. YES<br>2. NO         |  |   |  |
| 41. SIGNATURE OR OTHER AUTHENTICATION  |  |   |  |   |  |  |  |  |  |   |  |

PC 001 1756  
5-66 000 15-07Use Previous  
Edition

SECRET SF

Excluded from automatic  
downgrading and  
declassification

(When Filled In)



"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 216 OF PL 90-206 AND  
EXECUTIVE ORDER 11413 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT  
OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 6 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1968

| NAME             | SERIAL | OPGN. | FUNDS | GR-STEP    | OLD<br>SALARY | NEW<br>SALARY |
|------------------|--------|-------|-------|------------|---------------|---------------|
| PICCOLI JOSEPH S | 029998 | 51    | 650   | CF GS 11 4 | \$10,623      | \$11,223      |



PLW:

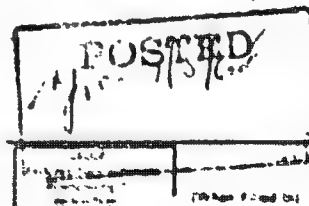
SECRET  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION                         |  |                                    |  |                              |  |                                      |  |  |  |                     |  |
|--|--|------------------------------------|--|------------------------------|--|--------------------------------------|--|--|--|---------------------|--|
| 1. SERIAL NUMBER   |  | 2. NAME (LAST FIRST MIDDLE)        |  |                              |  |                                      |  |  |  |                     |  |
| 025658   |  | PICCOLO JOSEPH S                   |  |                              |  |                                      |  |  |  |                     |  |
| 3. NATURE OF PERSONNEL ACTION                            |  |                                    |  |                              |  | 4. EFFECTIVE DATE                    |  | 5. CATEGORY OF EMPLOYMENT                |  |                     |  |
| CHANGE OF FAN  |  |                                    |  |                              |  | MO DA YR<br>07 02 68                 |  | REGULAR                                  |  |                     |  |
| 6. FUNDS   |  | V TO V                             |  | V TO CF                      |  | 7. Financial Analysis No. Changeable |  | 8. CSC OR OTHER LEGAL AUTHORITY          |  |                     |  |
|  |  | CF TO V                            |  | X CF TO CF                   |  | 9135 1049 0000                       |  | 50 USC 403 J                             |  |                     |  |
| 9. ORGANIZATIONAL DESIGNATIONS                           |  |                                    |  |                              |  | 10. LOCATION OF OFFICIAL STATION     |  |  |  |                     |  |
| DDP/WH<br>FOREIGN FIELD<br>BRANCH 2                      |  |                                    |  |                              |  |                                      |  |  |  |                     |  |
| 11. POSITION TITLE                                       |  |                                    |  |                              |  | 12. POSITION NUMBER                  |  | 13. SERVICE DESIGNATION                  |  |                     |  |
| OPS OFFICER  |  |                                    |  |                              |  | 0396                                 |  | D  |  |                     |  |
| 14. CLASSIFICATION SCHEDULE (GS, ES, etc.)               |  |                                    |  | 15. OCCUPATIONAL SERIES      |  | 16. GRADE AND STEP                   |  | 17. SALARY OR RATE                       |  |                     |  |
| GS   |  |                                    |  | 0136.01                      |  | 07 4<br>11 4                         |  | 3596<br>10623                            |  |                     |  |
| 18. REMARKS  |  |                                    |  |                              |  |                                      |  |  |  |                     |  |
|  |  |                                    |  |                              |  |                                      |  |  |  |                     |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL |  |                                    |  |                              |  |                                      |  |  |  |                     |  |
| 19. ACTION CODE  |  | 20. EMPLOY CODE                    |  | 21. OFFICE CODING            |  | 22. STATION CODE                     |  | 23. INTEGER CODE                         |  | 24. HOURS CODE      |  |
| 37   |  | 10                                 |  | 51650 WH                     |  | 52073                                |  | 3  |  | 12 08 35            |  |
| 25. DATE OF BIRTH  |  | 26. DATE OF GRADE                  |  | 27. DATE OF LEI              |  | 28. DATE OF EXPIRY                   |  | 29. SPECIAL REFERENCE                    |  | 30. RETIREMENT DATA |  |
| MO DA YR   |  | MO DA YR                           |  | MO DA YR                     |  | MO DA YR                             |  | MO DA YR                                 |  | MO DA YR            |  |
| 12 08 35   |  |                                    |  |                              |  |                                      |  |  |  |                     |  |
| 31. SEPARATION DATA CODE                                 |  | 32. CONNECTION / CANCELLATION DATA |  | 33. SECURITY REG NO          |  | 34. SEN                              |  | 35. VET PREFERENCE                       |  | 36. SERV COMP DATE  |  |
| CODE   |  | CODE                               |  | CODE                         |  | CODE                                 |  | CODE                                     |  | CODE                |  |
|  |  |                                    |  |                              |  |                                      |  |  |  |                     |  |
| 37. LONG COMP DATE                                       |  | 38. CAREER CATEGORY                |  | 39. REGUL - HEALTH INSURANCE |  | 40. SOCIAL SECURITY NO               |  | 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE |  | 42. LEAVE CAT CODE  |  |
| MO DA YR   |  | CODE                               |  | CODE                         |  | CODE                                 |  | CODE                                     |  | CODE                |  |
|  |  |                                    |  |                              |  |                                      |  |  |  |                     |  |
| 43. FEDERAL TAX DATA                                     |  | 44. STATE TAX DATA                 |  | 45. FEDERAL TAX DATA         |  | 46. STATE TAX DATA                   |  | 47. FEDERAL TAX DATA                     |  | 48. STATE TAX DATA  |  |
| CODE   |  | CODE                               |  | CODE                         |  | CODE                                 |  | CODE                                     |  | CODE                |  |
|  |  |                                    |  |                              |  |                                      |  |  |  |                     |  |
| SIGNATURE OR OTHER AUTHENTICATION                        |  |                                    |  |                              |  |                                      |  |  |  |                     |  |
|  |  |                                    |  |                              |  |                                      |  |  |  |                     |  |

PLW: 11:50  
07/10/68Use Previous  
Edition

SECRET

SF





"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-206,  
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

| NAME             | SERIAL | ORGN. | FUNDS | GR+STEP    | OLD<br>SALARY | NEW<br>SALARY |
|------------------|--------|-------|-------|------------|---------------|---------------|
| PICCOLO JOSEPH S | 025658 | 51    | 620   | CF GS 11 4 | \$10,166      | \$10,623      |



PLW:

**SECRET**  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION   |                |                            |  |                                      |                  |                                     |                      |                                   |                  |  |                |
|--|----------------|----------------------------|--|--------------------------------------|------------------|-------------------------------------|----------------------|-----------------------------------|------------------|--|----------------|
| 1 SERIAL NUMBER  |                | 2 NAME (LAST FIRST MIDDLE) |  |                                      |                  |                                     |                      |                                   |                  |  |                |
| 025053   |                | PICCOLO JOSEPH S           |  |                                      |                  |                                     |                      |                                   |                  |  |                |
| 3 NATURE OF PERSONNEL ACTION   |                |                            |  |                                      |                  | 4 EFFECTIVE DATE                    |                      | 5 CATEGORY OF EMPLOYMENT          |                  |  |                |
| REASSIGNMENT   |                |                            |  |                                      |                  | 04   21   63                        |                      | REGULAR                           |                  |  |                |
| 6 FUNDS  |                | V TO V                     |  | V TO CF                              |                  | 7 Financial Analysis No. Chargeable |                      | 8 CSC OR OTHER LEGAL AUTHORITY    |                  |  |                |
| CF TO V  |                | X                          |  | CF TO CF                             |                  | 0135 1004 0000                      |                      | 50 USC 403 2                      |                  |  |                |
| 9 ORGANIZATIONAL DESIGNATIONS  |                |                            |  |                                      |                  | 10 LOCATION OF OFFICIAL STATION     |                      |                                   |                  |  |                |
| DDP/WH<br>FOREIGN FIELD<br>BRANCH 2  |                |                            |  |                                      |                  |                                     |                      |                                   |                  |  |                |
| STATION  |                |                            |  |                                      |                  |                                     |                      |                                   |                  |  |                |
| 11 POSITION TITLE  |                |                            |  |                                      |                  | 12 POSITION NUMBER                  |                      | 13 SERVICE DESIGNATION            |                  |  |                |
| OPS OFFICER  |                |                            |  |                                      |                  | 0396                                |                      | D                                 |                  |  |                |
| 14 CLASSIFICATION SCHEDULE (GS, LB, etc)   |                |                            |  | 15 OCCUPATIONAL SERIES               |                  | 16 GRADE AND STEP                   |                      | 17 SALARY OR RATE                 |                  |  |                |
| GS   |                |                            |  | 0136.01                              |                  | 07.4<br>11.4                        |                      | 8596<br>10623                     |                  |  |                |
| 18 REMARKS   |                |                            |  |                                      |                  |                                     |                      |                                   |                  |  |                |
| MEXICO CITY, MEXICO  |                |                            |  |                                      |                  |                                     |                      |                                   |                  |  |                |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |                |                            |  |                                      |                  |                                     |                      |                                   |                  |  |                |
| 19 ACTION CODE   | 20 EMPLOY CODE | 21 OFFICE CODING           |  | 22 STATION CODE                      | 23 INTEGREE CODE | 24 PAY GRADE                        | 25 DATE OF BIRTH     |                                   | 26 DATE OF GRADE |  | 27 DATE OF LEI |
| 37   | 10             | NUMERIC ALPHABETIC         |  | 52073                                |                  | 3                                   | MO DA YR<br>12 00 35 |                                   | MO DA YR         |  | MO DA YR       |
| 28 INTL EXPIRES  |                | 29 SPECIAL REFERENCE       |  | 30 RETIREMENT DATA                   |                  | 31 SEPARATION DATA CODE             |                      | 32 Correction / Cancellation Data |                  | 33 SECURITY REQ NO                         |                |
| MO DA YR   |                |                            |  | 1. CSC<br>2. CW<br>3. PLS<br>4. NONE |                  | ECON                                |                      | TIME MO DA YR                     |                  | MOD DATA                                   |                |
| 34 VET PREFERENCE  |                | 35 SERV COMP DATE          |  | 36 LONG COMP DATE                    |                  | 38 CAREER CATEGORY                  |                      | 39 REGI HEALTH INSURANCE          |                  | 40 SOCIAL SECURITY NO                      |                |
| CODE<br>0 - NONE<br>1 - 5 PT<br>2 - 10 PT  |                | MO DA YR                   |  | MO DA YR                             |                  | CAB BSV PROV TEMP                   |                      | CODE LOC4 0 - WAIVED<br>1 - YES   |                  | HEALTH INS CODE                            |                |
| 41 PREVIOUS CIVILIAN GOVERNMENT SERVICE  |                |                            |  | 42 LEAVE CAT CODE                    |                  | 43 FEDERAL TAX DATA                 |                      |                                   |                  | 44 STATE TAX DATA                          |                |
| CODE<br>0 - NO PREVIOUS SERVICE<br>1 - NO BREAK IN SERVICE<br>2 - BREAK IN SERVICE (LESS THAN 3 YRS)<br>3 - BREAK IN SERVICE (MORE THAN 3 YRS) |                |                            |  | CODE                                 |                  | FORM EXCLUDED<br>1 - YES<br>2 - NO  |                      |                                   |                  | CODE<br>FORM EXCLUDED<br>1 - YES<br>2 - NO |                |
| SIGNATURE OR OTHER AUTHENTICATION  |                |                            |  |                                      |                  |                                     |                      |                                   |                  |  |                |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;">             SIGNED<br/>4/23/65           </div>                    |                |                            |  |                                      |                  |                                     |                      |                                   |                  |  |                |

 FORM 1150  
1-68 May 10-67

 Use Previous  
Edition

**SECRET**

**FVD**

EXCLUDED FROM AUTOMATIC  
DOWNGRADING AND  
DECLASSIFICATION  
(When Filled In)



**SECRET**  
(When Filled In)

**BJT: 17 MAY 67**

**NOTIFICATION OF PERSONNEL ACTION**

|  |   |  |   |
|--|---|--|---|
| 1. SERIAL NUMBER<br><b>025658</b>  |   | 2. NAME (LAST FIRST MIDDLE)<br><b>PICCOLO JOSEPH S</b>         |   |
| 3. NATURE OF PERSONNEL ACTION<br><b>DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM</b>   |   | 4. EFFECTIVE DATE<br>MO. DA. YR.<br><b>05 07 67</b>            | 5. CATEGORY OF EMPLOYMENT<br><b>REGULAR</b> |
| 6. FUNDS<br>   | 7. Financial Authority, Chargeable<br><b>7135 0990 0000</b> | 8. CSC OR OTHER LEGAL AUTHORITY<br><b>PL 88-643 SECT. 203</b>  |   |
| 9. ORGANIZATIONAL DESIGNATIONS<br><b>DDP/WH</b>  |   | 10. LOCATION OF OFFICIAL STATION<br><b>MEXICO CITY, MEXICO</b> |   |
| 11. POSITION TITLE   |   | 12. POSITION NUMBER  | 13. SERVICE DESIGNATION<br><b>D</b>         |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)   | 15. OCCUPATIONAL SERIES                                     | 16. GRADE AND STEP<br><b>11</b>                                | 17. SALARY OR RATE                          |
| 18. REMARKS<br><b>EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.</b> |   |  |   |

**SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL**

|   |                                   |   |   |   |  |   |                                  |                                  |                                |
|---|-----------------------------------|---|---|---|--|---|----------------------------------|----------------------------------|--------------------------------|
| 19. ACTION: 20. EMPLOY. CODE  |                                   | 21. OFFICE CODING<br>NUMERIC ALPHABETIC |   | 22. STATION CODE  | 23. INTERAGENCY CODE                                 | 24. Mgmt. Code  | 25. DATE OF BIRTH<br>MO. DA. YR. | 26. DATE OF GRADE<br>MO. DA. YR. | 27. DATE OF LEL<br>MO. DA. YR. |
| 28. NTE EXPIRES<br>MO. DA. YR.  |                                   | 29. SPECIAL REFERENCE                   | 30. RETIREMENT DATA<br>1. CSC<br>2. FIA<br>3. FICA<br>4. NONE | 31. SEPARATION DATA CODE  | 32. CORRECTION/CANCELLATION DATA<br>TYPE MO. DA. YR. | <b>COD DATA</b>   |                                  | 33. SECURITY REG NO              | 34. SER                        |
| 35. VET PREFERENCE<br>CODE 0 - NONE<br>1 - 5 PT<br>2 - 10 PT  | 36. SERV COMP DATE<br>MO. DA. YR. | 37. LONG COMP. DATE<br>MO. DA. YR.      | 38. CAREER CATEGORY<br>CAR DESV CODE<br>PROG TENURE           | 39. FEGLI / HEALTH INSURANCE<br>CODE 0 - WAIVED<br>1 - YES                        | 40. SOCIAL SECURITY NO.                              |   |                                  |                                  |                                |
| 41. PREVIOUS CIVILIAN GOVERNMENT SERVICE<br>CODE 0 - NO PREVIOUS SERVICE<br>1 - NO BREAK IN SERVICE<br>2 - BREAK IN SERVICE (LESS THAN 3 YRS)<br>3 - BREAK IN SERVICE (MORE THAN 3 YRS) |                                   |   | 42. LEAVE CAT CODE  | 43. FEDERAL TAX DATA<br>FORM EXECUTED CODE NY TAX EXEMPTIONS<br>1 - YES<br>2 - NO |  | 44. STATE TAX DATA<br>FORM EXECUTED CODE NO TAX STATE CODE<br>1 - YES<br>2 - NO |                                  |                                  |                                |

**SIGNATURE OR OTHER AUTHENTICATION**

**POSTED**

*85786-11*



DATE: 23 SEPT 66

SECRET  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION                                   |  |                             |  |                                |  |                                  |  |                                 |  |                  |  |
|--|--|-----------------------------|--|--------------------------------|--|----------------------------------|--|---------------------------------|--|------------------|--|
| 1. SERIAL NUMBER   |  | 2. NAME (LAST FIRST-MIDDLE) |  |                                |  |                                  |  |                                 |  |                  |  |
| 025658   |  | PICCOLO JOSEPH S            |  |                                |  |                                  |  |                                 |  |                  |  |
| 3. NATURE OF PERSONNEL ACTION                                      |  |                             |  | 4. EFFECTIVE DATE              |  | 5. CATEGORY OF EMPLOYMENT        |  |                                 |  |                  |  |
| PROMOTION  |  |                             |  | 09 25 66                       |  | REGULAR                          |  |                                 |  |                  |  |
| 6. FUNDS   |  | V TO V                      |  | V TO CF                        |  | 7. COST CENTER NO. (CHARGEABLE)  |  | 8. CSC OR OTHER LEGAL AUTHORITY |  |                  |  |
| CF TO V  |  | X                           |  | CF TO CF                       |  | 7135 0000 0000                   |  | 50 USC 403 J                    |  |                  |  |
| 9. ORGANIZATIONAL DESIGNATIONS                                     |  |                             |  |                                |  | 10. LOCATION OF OFFICIAL STATION |  |                                 |  |                  |  |
| DDP/WH<br>FOREIGN FIELD<br>BRANCH 1<br>MEXICO CITY, MEXICO STATION |  |                             |  |                                |  | MEXICO CITY, MEXICO              |  |                                 |  |                  |  |
| 11. POSITION TITLE   |  |                             |  | 12. POSITION NUMBER            |  | 13. SERVICE DESIGNATION          |  |                                 |  |                  |  |
| OPS OFFICER  |  |                             |  | 0939                           |  | D                                |  |                                 |  |                  |  |
| 14. CLASSIFICATION (SCHEDULE 165, LB, etc.)                        |  |                             |  | 15. OCCUPATIONAL SERIES        |  | 16. GRADE AND STEP               |  | 17. SALARY OR RATE              |  |                  |  |
| GS   |  |                             |  | 0136.01                        |  | 07 3<br>11 4                     |  | 7975<br>10166                   |  |                  |  |
| 18. REMARKS  |  |                             |  |                                |  |                                  |  |                                 |  |                  |  |
| MEXICO CITY, MEXICO  |  |                             |  |                                |  |                                  |  |                                 |  |                  |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL           |  |                             |  |                                |  |                                  |  |                                 |  |                  |  |
| 19. ACTION CODE  |  | 20. EMPLOY CODE             |  | 21. OFFICE CODING              |  | 22. STATION CODE                 |  | 23. INTEGRITY CODE              |  | 24. HEALTH CODE  |  |
| 22   |  | 10                          |  | NUMERIC ALPHABETIC<br>51620 WH |  | 45075                            |  | 3                               |  | 12 0 135         |  |
| 25. DATE OF BIRTH  |  | 26. DATE OF GRADE           |  | 27. DATE OF LET                |  | 28. DATE OF BIRTH                |  | 29. DATE OF GRADE               |  | 30. DATE OF LET  |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 31. DATE OF BIRTH  |  | 32. DATE OF GRADE           |  | 33. DATE OF LET                |  | 34. DATE OF BIRTH                |  | 35. DATE OF GRADE               |  | 36. DATE OF LET  |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 37. DATE OF BIRTH  |  | 38. DATE OF GRADE           |  | 39. DATE OF LET                |  | 40. DATE OF BIRTH                |  | 41. DATE OF GRADE               |  | 42. DATE OF LET  |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 43. DATE OF BIRTH  |  | 44. DATE OF GRADE           |  | 45. DATE OF LET                |  | 46. DATE OF BIRTH                |  | 47. DATE OF GRADE               |  | 48. DATE OF LET  |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 49. DATE OF BIRTH  |  | 50. DATE OF GRADE           |  | 51. DATE OF LET                |  | 52. DATE OF BIRTH                |  | 53. DATE OF GRADE               |  | 54. DATE OF LET  |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 55. DATE OF BIRTH  |  | 56. DATE OF GRADE           |  | 57. DATE OF LET                |  | 58. DATE OF BIRTH                |  | 59. DATE OF GRADE               |  | 60. DATE OF LET  |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 61. DATE OF BIRTH  |  | 62. DATE OF GRADE           |  | 63. DATE OF LET                |  | 64. DATE OF BIRTH                |  | 65. DATE OF GRADE               |  | 66. DATE OF LET  |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 67. DATE OF BIRTH  |  | 68. DATE OF GRADE           |  | 69. DATE OF LET                |  | 70. DATE OF BIRTH                |  | 71. DATE OF GRADE               |  | 72. DATE OF LET  |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 73. DATE OF BIRTH  |  | 74. DATE OF GRADE           |  | 75. DATE OF LET                |  | 76. DATE OF BIRTH                |  | 77. DATE OF GRADE               |  | 78. DATE OF LET  |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 79. DATE OF BIRTH  |  | 80. DATE OF GRADE           |  | 81. DATE OF LET                |  | 82. DATE OF BIRTH                |  | 83. DATE OF GRADE               |  | 84. DATE OF LET  |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 85. DATE OF BIRTH  |  | 86. DATE OF GRADE           |  | 87. DATE OF LET                |  | 88. DATE OF BIRTH                |  | 89. DATE OF GRADE               |  | 90. DATE OF LET  |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 91. DATE OF BIRTH  |  | 92. DATE OF GRADE           |  | 93. DATE OF LET                |  | 94. DATE OF BIRTH                |  | 95. DATE OF GRADE               |  | 96. DATE OF LET  |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 97. DATE OF BIRTH  |  | 98. DATE OF GRADE           |  | 99. DATE OF LET                |  | 100. DATE OF BIRTH               |  | 101. DATE OF GRADE              |  | 102. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 103. DATE OF BIRTH   |  | 104. DATE OF GRADE          |  | 105. DATE OF LET               |  | 106. DATE OF BIRTH               |  | 107. DATE OF GRADE              |  | 108. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 109. DATE OF BIRTH   |  | 110. DATE OF GRADE          |  | 111. DATE OF LET               |  | 112. DATE OF BIRTH               |  | 113. DATE OF GRADE              |  | 114. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 115. DATE OF BIRTH   |  | 116. DATE OF GRADE          |  | 117. DATE OF LET               |  | 118. DATE OF BIRTH               |  | 119. DATE OF GRADE              |  | 120. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 121. DATE OF BIRTH   |  | 122. DATE OF GRADE          |  | 123. DATE OF LET               |  | 124. DATE OF BIRTH               |  | 125. DATE OF GRADE              |  | 126. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 127. DATE OF BIRTH   |  | 128. DATE OF GRADE          |  | 129. DATE OF LET               |  | 130. DATE OF BIRTH               |  | 131. DATE OF GRADE              |  | 132. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 133. DATE OF BIRTH   |  | 134. DATE OF GRADE          |  | 135. DATE OF LET               |  | 136. DATE OF BIRTH               |  | 137. DATE OF GRADE              |  | 138. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 139. DATE OF BIRTH   |  | 140. DATE OF GRADE          |  | 141. DATE OF LET               |  | 142. DATE OF BIRTH               |  | 143. DATE OF GRADE              |  | 144. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 145. DATE OF BIRTH   |  | 146. DATE OF GRADE          |  | 147. DATE OF LET               |  | 148. DATE OF BIRTH               |  | 149. DATE OF GRADE              |  | 150. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 151. DATE OF BIRTH   |  | 152. DATE OF GRADE          |  | 153. DATE OF LET               |  | 154. DATE OF BIRTH               |  | 155. DATE OF GRADE              |  | 156. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 157. DATE OF BIRTH   |  | 158. DATE OF GRADE          |  | 159. DATE OF LET               |  | 160. DATE OF BIRTH               |  | 161. DATE OF GRADE              |  | 162. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 163. DATE OF BIRTH   |  | 164. DATE OF GRADE          |  | 165. DATE OF LET               |  | 166. DATE OF BIRTH               |  | 167. DATE OF GRADE              |  | 168. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 169. DATE OF BIRTH   |  | 170. DATE OF GRADE          |  | 171. DATE OF LET               |  | 172. DATE OF BIRTH               |  | 173. DATE OF GRADE              |  | 174. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 175. DATE OF BIRTH   |  | 176. DATE OF GRADE          |  | 177. DATE OF LET               |  | 178. DATE OF BIRTH               |  | 179. DATE OF GRADE              |  | 180. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 181. DATE OF BIRTH   |  | 182. DATE OF GRADE          |  | 183. DATE OF LET               |  | 184. DATE OF BIRTH               |  | 185. DATE OF GRADE              |  | 186. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 187. DATE OF BIRTH   |  | 188. DATE OF GRADE          |  | 189. DATE OF LET               |  | 190. DATE OF BIRTH               |  | 191. DATE OF GRADE              |  | 192. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 193. DATE OF BIRTH   |  | 194. DATE OF GRADE          |  | 195. DATE OF LET               |  | 196. DATE OF BIRTH               |  | 197. DATE OF GRADE              |  | 198. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 199. DATE OF BIRTH   |  | 200. DATE OF GRADE          |  | 201. DATE OF LET               |  | 202. DATE OF BIRTH               |  | 203. DATE OF GRADE              |  | 204. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 205. DATE OF BIRTH   |  | 206. DATE OF GRADE          |  | 207. DATE OF LET               |  | 208. DATE OF BIRTH               |  | 209. DATE OF GRADE              |  | 210. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 211. DATE OF BIRTH   |  | 212. DATE OF GRADE          |  | 213. DATE OF LET               |  | 214. DATE OF BIRTH               |  | 215. DATE OF GRADE              |  | 216. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 217. DATE OF BIRTH   |  | 218. DATE OF GRADE          |  | 219. DATE OF LET               |  | 220. DATE OF BIRTH               |  | 221. DATE OF GRADE              |  | 222. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 223. DATE OF BIRTH   |  | 224. DATE OF GRADE          |  | 225. DATE OF LET               |  | 226. DATE OF BIRTH               |  | 227. DATE OF GRADE              |  | 228. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 229. DATE OF BIRTH   |  | 230. DATE OF GRADE          |  | 231. DATE OF LET               |  | 232. DATE OF BIRTH               |  | 233. DATE OF GRADE              |  | 234. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 235. DATE OF BIRTH   |  | 236. DATE OF GRADE          |  | 237. DATE OF LET               |  | 238. DATE OF BIRTH               |  | 239. DATE OF GRADE              |  | 240. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 241. DATE OF BIRTH   |  | 242. DATE OF GRADE          |  | 243. DATE OF LET               |  | 244. DATE OF BIRTH               |  | 245. DATE OF GRADE              |  | 246. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 247. DATE OF BIRTH   |  | 248. DATE OF GRADE          |  | 249. DATE OF LET               |  | 250. DATE OF BIRTH               |  | 251. DATE OF GRADE              |  | 252. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 253. DATE OF BIRTH   |  | 254. DATE OF GRADE          |  | 255. DATE OF LET               |  | 256. DATE OF BIRTH               |  | 257. DATE OF GRADE              |  | 258. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 259. DATE OF BIRTH   |  | 260. DATE OF GRADE          |  | 261. DATE OF LET               |  | 262. DATE OF BIRTH               |  | 263. DATE OF GRADE              |  | 264. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 265. DATE OF BIRTH   |  | 266. DATE OF GRADE          |  | 267. DATE OF LET               |  | 268. DATE OF BIRTH               |  | 269. DATE OF GRADE              |  | 270. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 271. DATE OF BIRTH   |  | 272. DATE OF GRADE          |  | 273. DATE OF LET               |  | 274. DATE OF BIRTH               |  | 275. DATE OF GRADE              |  | 276. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 277. DATE OF BIRTH   |  | 278. DATE OF GRADE          |  | 279. DATE OF LET               |  | 280. DATE OF BIRTH               |  | 281. DATE OF GRADE              |  | 282. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 283. DATE OF BIRTH   |  | 284. DATE OF GRADE          |  | 285. DATE OF LET               |  | 286. DATE OF BIRTH               |  | 287. DATE OF GRADE              |  | 288. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 289. DATE OF BIRTH   |  | 290. DATE OF GRADE          |  | 291. DATE OF LET               |  | 292. DATE OF BIRTH               |  | 293. DATE OF GRADE              |  | 294. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 295. DATE OF BIRTH   |  | 296. DATE OF GRADE          |  | 297. DATE OF LET               |  | 298. DATE OF BIRTH               |  | 299. DATE OF GRADE              |  | 300. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 301. DATE OF BIRTH   |  | 302. DATE OF GRADE          |  | 303. DATE OF LET               |  | 304. DATE OF BIRTH               |  | 305. DATE OF GRADE              |  | 306. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 307. DATE OF BIRTH   |  | 308. DATE OF GRADE          |  | 309. DATE OF LET               |  | 310. DATE OF BIRTH               |  | 311. DATE OF GRADE              |  | 312. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 313. DATE OF BIRTH   |  | 314. DATE OF GRADE          |  | 315. DATE OF LET               |  | 316. DATE OF BIRTH               |  | 317. DATE OF GRADE              |  | 318. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 319. DATE OF BIRTH   |  | 320. DATE OF GRADE          |  | 321. DATE OF LET               |  | 322. DATE OF BIRTH               |  | 323. DATE OF GRADE              |  | 324. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 325. DATE OF BIRTH   |  | 326. DATE OF GRADE          |  | 327. DATE OF LET               |  | 328. DATE OF BIRTH               |  | 329. DATE OF GRADE              |  | 330. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 331. DATE OF BIRTH   |  | 332. DATE OF GRADE          |  | 333. DATE OF LET               |  | 334. DATE OF BIRTH               |  | 335. DATE OF GRADE              |  | 336. DATE OF LET |  |
| 12 0 135   |  | 03 25 66                    |  | 12 25 66                       |  | 12 0 135                         |  | 03 25 66                        |  | 12 25 66         |  |
| 337. DATE OF BIRTH   |  | 338. DATE OF GRADE          |  | 339. DATE OF LET               |  | 340. DATE OF BIRTH               |  | 341. DATE OF GRADE              |  | 342. DATE OF LET |  |
| 1  |  |                             |  |                                |  |                                  |  |                                 |  |                  |  |



546

|   |      |                           |                |                        |      |                           |                |
|---|------|---------------------------|----------------|------------------------|------|---------------------------|----------------|
| 1. Control No.  |      | 2. Name                   |                | 3. Unit & Grade Symbol |      | 4. LWOP Month             |                |
| 025458  |      | PICCOLO JOSEPH S          |                | 51 620 CF              |      |                           |                |
| 5. OLD SALARY RATE  |      | 6. NEW SALARY RATE        |                | 7. TYPE ACTION         |      |                           |                |
| Grade   | Step | Salary                    | Effective Date | Grade                  | Step | Salary                    | Effective Date |
| GS 10   | 3    | <del>8,744</del><br>8,997 | 08/29/65       | GS 10                  | 4    | <del>8,744</del><br>9,225 | 08/24/66       |
| 8. Remarks and Auditor's Initials<br>/ / NO EXCESS LWOP<br>/ / III: PAY STATUS AT END OF WAITING PERIOD<br>/ / LWOP STATUS AT END OF WAITING PERIOD<br>CLERKS INITIALS      AUDITED BY<br>I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS<br>OF AN ACCEPTABLE LEVEL OF COMPETENCE.<br>SIGNATURE: <i>[Signature]</i> DATE: <i>1-16-66</i><br><b>PAY CHANGE NOTIFICATION</b> |      |                           |                |                        |      |                           |                |

(451)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504,  
 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
 AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962,"  
 EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

|                  |        |       |       |            |               |               |
|------------------|--------|-------|-------|------------|---------------|---------------|
| NAME             | SERIAL | ORGN. | FUNDS | GR-STEP    | OLD<br>SALARY | NEW<br>SALARY |
| PICCOLO JOSEPH S | 025658 | 51    | 620   | CF GS 10 3 | \$ 8,744      | \$ 8,997      |



27 AUG 65

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

005

|  |  |   |   |
|--|--|---|---|
| 1. SERIAL NUMBER<br>025638   |  | 2. NAME (LAST FIRST-MIDDLE)<br>PICCOLO JOSEPH S         |   |
| 3. NATURE OF PERSONNEL ACTION<br>PROMOTION   |  | 4. EFFECTIVE DATE<br>08 29 65                           | 5. CATEGORY OF EMPLOYMENT<br>REGULAR            |
| 6. FUNDS<br>V TO V<br>CF TO V<br>X   |  | 7. LOSS CENTER NO. CHARGEABLE<br>6135 0930 0000         | 8. CSC OR OTHER LEGAL AUTHORITY<br>50 USC 403 J |
| 9. ORGANIZATIONAL DESIGNATIONS<br>DDO WH<br>FOREIGN FIELD<br>BRANCH I<br>MEXICO CITY STATION |  | 10. LOCATION OF OFFICIAL STATION<br>MEXICO CITY, MEXICO |   |
| 11. POSITION TITLE<br>OPS OFFICER  |  | 12. POSITION NUMBER<br>0939                             | 13. SERVICE DESIGNATION<br>D                    |
| 14. CLASSIFICATION SCHEDULE (GS, LP, etc.)<br>GS   |  | 15. OCCUPATIONAL SERIES<br>0136.01                      | 16. GRADE AND STEP<br>07 2<br>10 3              |
| 17. SALARY OR RATE<br>7245<br>8440   |  | 18. REMARKS<br>MEXICO CITY, MEXICO                      |   |

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

|   |                                  |  |   |   |  |   |                               |                             |
|---|----------------------------------|--|---|---|--|---|-------------------------------|-----------------------------|
| 19. ACTION CODE<br>22   | 20. EMPLOY CODE<br>10            | 21. OFFICE CODING<br>51620 WH                            | 22. STATION CODE<br>45075                     | 23. INTEGREE CODE<br>3  | 24. HDQTS CODE<br>12 08 35                   | 25. DATE OF BIRTH<br>08 23 65   | 26. DATE OF GRADE<br>02 23 65 | 27. DATE OF LSI<br>02 23 65 |
| 28. NTE EXPIRES<br>NO. DA YR  |                                  | 29. SPECIAL REFERENCE<br>1 - CSC<br>2 - PICA<br>3 - NONE | 30. RETIREMENT DATA<br>CODE                   | 31. SEPARATION DATA CODE<br>TYPE NO DA YR   | 32. CORRECTION/CANCELLATION DATA<br>EOD DATA |   | 33. SECURITY REQ NO.          | 34. SEE                     |
| 35. VET. PREFERENCE<br>CODE 0 - NONE<br>1 - 5 PT<br>2 - 10 PT   | 36. SERV. COMP. DATE<br>NO DA YR | 37. LONG COMP. DATE<br>NO DA YR                          | 38. CAREER CATEGORY<br>CODE 1 - YES<br>2 - NO | 39. REG/1 / HEALTH INSURANCE<br>CODE 0 - WAIVER<br>1 - YES                        | 40. SOCIAL SECURITY NO.                      |   |                               |                             |
| 41. PREVIOUS GOVERNMENT SERVICE DATA<br>CODE 0 - NO PREVIOUS SERVICE<br>1 - NO BREAK IN SERVICE<br>2 - BREAK IN SERVICE (LESS THAN 3 YRS)<br>3 - BREAK IN SERVICE (MORE THAN 3 YRS) |                                  |  | 42. LEAVE CAT CODE                            | 43. FEDERAL TAX DATA<br>FORM EXECUTED CODE NO TAX EXEMPTIONS<br>1 - YES<br>2 - NO |  | 44. STATE TAX DATA<br>FORM EXECUTED CODE NO TAX EXEMPTIONS<br>1 - YES<br>2 - NO |                               |                             |

SIGNATURE OR OTHER AUTHENTICATION

POSTED

94656

FORM 11 62 1150

Use Previous Edition

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)



**SECRET**  
(When Filled In)

REF: 27 AUG 65

**NOTIFICATION OF PERSONNEL ACTION**

ONE

|  |   |  |  |        |         |         |          |
|--|---|--|--|--------|---------|---------|----------|
| 1. SERIAL NUMBER<br><b>025658</b>  |   | 2. NAME (LAST FIRST MIDDLE)<br><b>PICCOLO JOSEPH S</b>   |  |        |         |         |          |
| 3. NATURE OF PERSONNEL ACTION<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>   |   | 4. EFFECTIVE DATE<br>MO DA YR<br><b>08   27   65</b>   |  |        |         |         |          |
| 5. CATEGORY OF EMPLOYMENT<br><b>REGULAR</b>  |   | 6. COST CENTER NO. CHARGEABLE<br><b>6135 0990 0000</b>   |  |        |         |         |          |
| 7. CSC OR OTHER LEGAL AUTHORITY<br><b>50 USC 403 J</b>   |   | 8. FUND<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>V TO V</td> <td>V TO CF</td> </tr> <tr> <td>CF TO V</td> <td>CF TO CF</td> </tr> </table>  |  | V TO V | V TO CF | CF TO V | CF TO CF |
| V TO V   | V TO CF   |  |  |        |         |         |          |
| CF TO V  | CF TO CF  |  |  |        |         |         |          |
| 9. ORGANIZATIONAL DESIGNATIONS<br><b>DDP/WH<br/>FOREIGN FIELD<br/>BRANCH 1<br/>MEXICO CITY</b>   |   | 10. LOCATION OF OFFICIAL STATION<br><b>MEXICO CITY, MEXICO</b>   |  |        |         |         |          |
| 11. POSITION TITLE<br><b>CPS OFFICER</b>   |   | 12. POSITION NUMBER<br><b>0939</b>   |  |        |         |         |          |
| 13. SERVICE DESIGNATION<br><b>D</b>  |   | 14. CLASSIFICATION SCHEDULE (GS, LB, etc)<br><b>GS</b>   |  |        |         |         |          |
| 15. OCCUPATIONAL SERIES<br><b>0136.01</b>  |   | 16. GRADE AND STEP<br><b>07 2<br/>09 3</b>   |  |        |         |         |          |
| 17. SALARY OR RATE<br><b>7245<br/>7710</b>   |   | 18. REMARKS<br><p><b>SUBJECT IS TO BE PAID THE [REDACTED] CIA SALARY OF \$7710</b></p> <p><b>AND ALLOWANCES</b></p> <p><b>IN ACCORDANCE THEREWITH. ALL HOURS SICK AND ANNUAL LEAVE TO BE TRANSFER-</b></p> <p><b>RED [REDACTED]</b></p> <p><b>MARITAL STATUS: SINGLE</b></p> |  |        |         |         |          |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL   |   |  |  |        |         |         |          |
| 19. ACTION CODE<br><b>55</b>   | 20. EMPLOY CODE<br><b>10</b>  | 21. OFFICE CODING<br>NUMERIC ALPHABETIC<br><b>51620 WH</b>   | 22. STATION CODE<br><b>45075</b>   |        |         |         |          |
| 23. INTEGRITY CODE<br><div style="border: 1px solid black; width: 20px; height: 15px;"></div>  | 24. MGRS CODE<br><b>3</b>   | 25. DATE OF BIRTH<br>MO DA YR<br><b>12   08   35</b>   | 26. DATE OF GRADE<br>MO DA YR<br><div style="border: 1px solid black; width: 20px; height: 15px;"></div>   |        |         |         |          |
| 27. DATE OF LEI<br>MO DA YR<br><div style="border: 1px solid black; width: 20px; height: 15px;"></div>   | 28. SECURITY REQ NO<br><div style="border: 1px solid black; width: 20px; height: 15px;"></div>                                | 29. SEX<br><div style="border: 1px solid black; width: 20px; height: 15px;"></div>   | 30. RETIREMENT DATA<br>1. CSC<br>2. BICA<br>3. NONE<br>CODE<br><div style="border: 1px solid black; width: 20px; height: 15px;"></div>                           |        |         |         |          |
| 31. SEPARATION DATA CODE<br><div style="border: 1px solid black; width: 20px; height: 15px;"></div>  | 32. CORRELATION/CANCELLATION DATA<br>TYPE MO DA YR<br><div style="border: 1px solid black; width: 20px; height: 15px;"></div> | 33. VET. PREFERENCE<br>CODE 0 - NONE<br>1 - 5 PF.<br>2 - 10 PF.<br><div style="border: 1px solid black; width: 20px; height: 15px;"></div>   | 34. SEPT. COMP DATE<br>MO DA YR<br><div style="border: 1px solid black; width: 20px; height: 15px;"></div>   |        |         |         |          |
| 35. LONG COMP. DATE<br>MO DA YR<br><div style="border: 1px solid black; width: 20px; height: 15px;"></div>   | 36. CAREER CATEGORY<br>CAR BIV<br>PRIV TEMP<br><div style="border: 1px solid black; width: 20px; height: 15px;"></div>        | 37. FEGLI / HEALTH INSURANCE<br>CODE CODE 0 - WAIVER<br>1 - YES<br>HEALTH INS CODE<br><div style="border: 1px solid black; width: 20px; height: 15px;"></div>  | 38. SOCIAL SECURITY NO.<br><div style="border: 1px solid black; width: 20px; height: 15px;"></div>   |        |         |         |          |
| 39. PREVIOUS GOVERNMENT SERVICE DATA<br>CODE 0 - NO PREVIOUS SERVICE<br>1 - NO BREAK IN SERVICE<br>2 - BREAK IN SERVICE (LESS THAN 3 YRS)<br>3 - BREAK IN SERVICE (MORE THAN 3 YRS)<br><div style="border: 1px solid black; width: 20px; height: 15px;"></div> | 40. LEAVE CAT CODE<br><div style="border: 1px solid black; width: 20px; height: 15px;"></div>                                 | 41. FEDERAL TAX DATA<br>FORM EXECUTED CODE NO TAX EXEMPTIONS<br>1 - YES<br>2 - NO<br><div style="border: 1px solid black; width: 20px; height: 15px;"></div>   | 42. STATE TAX DATA<br>FORM EXECUTED CODE NO TAX EXEMP STATE CODE<br>1 - YES<br>2 - NO<br><div style="border: 1px solid black; width: 20px; height: 15px;"></div> |        |         |         |          |
| SIGNATURE OR OTHER AUTHENTICATION  |   |  |  |        |         |         |          |
| <div style="border: 2px solid black; padding: 10px; display: inline-block; transform: rotate(-2deg);"> <p align="center"><b>POSTED</b></p> <p align="center"><b>9-9-65 WH</b></p> </div>   |   |  |  |        |         |         |          |

FORM 11 62 1150

Use Previous Edition

**SECRET**

GROUP 1  
EXCLUDED FROM AUTOMATIC  
DOWNGRADING AND  
DECLASSIFICATION

(When Filled In)



542

|   |      |                   |              |                        |      |              |                |
|---|------|-------------------|--------------|------------------------|------|--------------|----------------|
| 1 Serial No.  |      | 2 Name            |              | 3 Civil Control Number |      | 4 LWOP Hours |                |
| 02505A  |      | PICCOLO JOSEPH S. |              | 49 200 V               |      | 37F          |                |
| 5 OLD SALARY RATE   |      |                   |              | 6 NEW SALARY RATE      |      |              |                |
| Grade   | Step | Salary            | Last IN Date | Grade                  | Step | Salary       | Effective Date |
| GS 09   | 2    | \$ 7,465          | 07/19/64     | GS 09                  | 3    | \$ 7,714     | 07/15/65       |
| 7 TYPE ACTION   |      |                   |              |                        |      |              |                |
| PSI   | LSI  | ADI               |              |                        |      |              |                |
|   |      |                   |              |                        |      |              |                |
| 8 Remarks and Authorization   |      |                   |              |                        |      |              |                |
| / / NO EXCESS LWOP<br>/ / IN PAY STATUS AT END OF WAITING PERIOD 559<br>/ / LWOP STATUS AT END OF WAITING PERIOD<br>CLERKS INITIALS AUDITED BY 618<br>I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS<br>OF AN ACCEPTABLE LEVEL OF COMPETENCE.<br>SIGNATURE: <i>[Signature]</i> DATE 16 June 65<br>PAY CHANGE NOTIFICATION |      |                   |              |                        |      |              |                |

Form 961 560

Obsolete Previous Edition

(4-51)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 49-301  
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

| NAME              | SERIAL | ORGN. | FUND | GS+STEP | OLD SALARY | NEW SALARY |
|-------------------|--------|-------|------|---------|------------|------------|
| PICCOLO JOSEPH S. | 02505A | 51    | A20  | GS 10 3 | \$ 8,441   | \$ 8,744   |



RZR: 2 JUL 65

SECRET

(When Filled In)

OCF

## NOTIFICATION OF PERSONNEL ACTION

|   |  |   |   |
|---|--|---|---|
| 1. SERIAL NUMBER  |  | 2. NAME (LAST-FIRST-MIDDLE)                               |   |
| 025658  |  | PICCOLO JOSEPH S  |   |
| 3. NATURE OF PERSONNEL ACTION                                       |  |   | 4. EFFECTIVE DATE   |
| REASSIGNMENT AND TRANSFER TO<br>CONFIDENTIAL FUNDS                  |  |   | 07 04 65  |
| 5. CATEGORY OF EMPLOYMENT   |  |   | REGULAR   |
| 6. FUNDS  | V TO V   | X   | V TO CF   |
|   | CF TO V  |   | CF TO CF  |
| 7. COST CENTER NO. CHARGEABLE                                       |  | 8. CSC OR OTHER LEGAL AUTHORITY                           |   |
| 6135 0930 0000  |  | 50 USC 403 J  |   |
| 9. ORGANIZATIONAL DESIGNATIONS                                      |  | 10. LOCATION OF OFFICIAL STATION                          |   |
| DDP/WH<br>FOREIGN FIELD<br>BRANCH 1<br>MEXICO CITY STATION          |  | MEXICO CITY, MEXICO                                       |   |
| 11. POSITION TITLE  |  | 12. POSITION NUMBER                                       | 13. SERVICE DESIGNATION                                   |
| OPS OFFICER   |  | 0939  | D   |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc)                           | 15. OCCUPATIONAL SERIES  | 16. GRADE AND STEP  | 17. SALARY OR RATE  |
| GS  | 0136.01  | 09 2  | 7465  |
| 18. REMARKS   |  |   |   |
| SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS. |  |   |   |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL            |  |   |   |
| 19. ACTION CODE   | 20. EMPLOY CODE  | 21. OFFICE CODING   | 22. STATION CODE  |
| 20  | 10   | NUMERIC 51620 ALPHABETIC WH                               | 45075   |
| 23. DATE EXPIRES  | 24. SPECIAL REFERENCE  | 25. RETIREMENT DATA                                       | 26. SEPARATION DATA CODE                                  |
| NO DA YR  |  | 1 - CSC<br>2 - FICA<br>3 - NONE                           |   |
|   |  |   |   |
| 27. VET. PREFERENCE   | 28. SERV. COMP. DATE   | 29. LONG. COMP. DATE                                      | 30. CAREER CATEGORY                                       |
| CODE  | 0 - NONE<br>1 - 5 PT.<br>2 - 10 PT.  | NO DA YR  | CODE  |
|   |  |   |   |
| 31. PREVIOUS GOVERNMENT SERVICE DATA                                | 32. LEAVE CAT CODE   | 33. FEDERAL TAX DATA                                      | 34. STATE TAX DATA  |
| CODE  | 0 - NO PREVIOUS SERVICE<br>1 - NO BREAK IN SERVICE<br>2 - BREAK IN SERVICE (LESS THAN 3 YRS)<br>3 - BREAK IN SERVICE (MORE THAN 3 YRS) | FORM EXECUTED CODE NO TAX EXEMPTIONS<br>1 - YES<br>2 - NO | FORM EXECUTED CODE NO TAX EXEMPTIONS<br>1 - YES<br>2 - NO |

SIGNATURE OR OTHER AUTHENTICATION

POSTED

7-22-65 H

RM 1150

Use Previous Edition

SECRET

 (When Filled In)  
 (When Filled In)

(When Filled In)



OLD: 5 MAR 65

SECRET  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION  |  |                                  |  |   |  |                                      |  |                                      |  |
|---|--|----------------------------------|--|---|--|--------------------------------------|--|--------------------------------------|--|
| 1. SERIAL NUMBER  |  | 2. NAME (LAST FIRST MIDDLE)      |  |   |  |                                      |  |                                      |  |
| 025658  |  | PICCOLO JOSEPH S                 |  |   |  |                                      |  |                                      |  |
| 3. NATURE OF PERSONNEL ACTION<br>REASSIGNMENT AND CHG<br>OF SERVICE DESIGNATION   |  |                                  |  | 4. EFFECTIVE DATE<br>MO DA YR<br>03 05 65 |  | 5. CATEGORY OF EMPLOYMENT<br>REGULAR |  |                                      |  |
| 6. FUNDS  |  | V TO V                           |  | V TO CF                                   |  | 7. COST CENTER NO. CHARGEABLE        |  | 8. CCE OR OTHER LEGAL AUTHORITY      |  |
| X   |  | CF TO V                          |  | CF TO CF                                  |  | 5235 1162 0000                       |  | 50 USC 403 J                         |  |
| 9. ORGANIZATIONAL DESIGNATIONS  |  |                                  |  | 10. LOCATION OF OFFICIAL STATION          |  |                                      |  |                                      |  |
| DDP/SAS<br>INTELLIGENCE STAFF<br>RESEARCH SECTION   |  |                                  |  | WASH., D. C.                              |  |                                      |  |                                      |  |
| 11. POSITION TITLE  |  |                                  |  | 12. POSITION NUMBER                       |  | 13. SERVICE DESIGNATION              |  |                                      |  |
| OPS OFFICER   |  |                                  |  | 0908                                      |  | D                                    |  |                                      |  |
| 14. CLASSIFICATION SCHEDULE (GS, LO, etc.)  |  | 15. OCCUPATIONAL SERIES          |  | 16. GRADE AND STEP                        |  | 17. SALARY OR RATE                   |  |                                      |  |
| GS  |  | 0136.01                          |  | 09 2                                      |  | 7425                                 |  |                                      |  |
| 18. REMARKS   |  |                                  |  |   |  |                                      |  |                                      |  |
|   |  |                                  |  |   |  |                                      |  |                                      |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |  |                                  |  |   |  |                                      |  |                                      |  |
| 19. ACTION CODE   |  | 20. EMPLOY CODE                  |  | 21. OFFICE CODING                         |  | 22. STATION CODE                     |  | 23. INTEGREE CODE                    |  |
| 37  |  | 10                               |  | NUMERIC ALPHABETIC<br>49200 SAS           |  | 75013                                |  | 24. HOURS CODE                       |  |
| 25. DATE OF BIRTH   |  | 26. DATE OF GRADE                |  | 27. DATE OF LEI                           |  | 28. NTE EXPIRES                      |  | 29. SPECIAL REFERENCE                |  |
| MO DA YR<br>12 08 35  |  | MO DA YR<br>                     |  | MO DA YR<br>                              |  | MO DA YR<br>                         |  | 30. RETIREMENT DATA                  |  |
| 31. SEPARATION DATA CODE  |  | 32. CORRECTION/CANCELLATION DATA |  | 33. SECURITY REQ NO                       |  | 34. SEX                              |  | 35. VET. PREFERENCE                  |  |
| TYPE MO DA YR<br>   |  |                                  |  |   |  |                                      |  | 36. SERV. COMP DATE                  |  |
| 37. LONG COMP DATE  |  | 38. CAREER CATEGORY              |  | 39. FEGLI / HEALTH INSURANCE              |  | 40. SOCIAL SECURITY NO               |  | 41. PREVIOUS GOVERNMENT SERVICE DATA |  |
| CODE MO DA YR<br>   |  | CODE MO DA YR<br>                |  | CODE MO DA YR<br>                         |  | CODE MO DA YR<br>                    |  | 42. LEAVE CAT CODE                   |  |
| 43. FEDERAL TAX DATA  |  | 44. STATE TAX DATA               |  | 45. FORM EXEMPTED CODE                    |  | 46. NO TAX EXEMPTIONS                |  | 47. FORM EXEMPTED CODE               |  |
| 1. YES 2. NO  |  | 1. YES 2. NO                     |  | 1. YES 2. NO                              |  | 1. YES 2. NO                         |  | 1. YES 2. NO                         |  |
| 48. SIGNATURE OR OTHER AUTHENTICATION   |  |                                  |  |   |  |                                      |  |                                      |  |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b><br/>             FROM H<br/>             03/08/65 2K           </div> |  |                                  |  |   |  |                                      |  |                                      |  |

FORM 1150  
11 62

Use Previous  
Edition

SECRET

SECRET  
(When Filled In)

(When Filled In)



**SALARY CONVERTED TO RATE SHOWN FOR INDIVIDUAL'S GRADE AND STEP AS INDICATED IN CHART BELOW.**

[illegible]



JCS: 17 JULY 64

SECRET

(When Filled In)

OCF

## NOTIFICATION OF PERSONNEL ACTION

|  |                              |                                 |                          |
|--|------------------------------|---------------------------------|--------------------------|
| 1 SERIAL NUMBER  |                              | 2 NAME (LAST FIRST MIDDLE)      |                          |
| 025558   |                              | PICCOLO JOSEPH S                |                          |
| 3 NATURE OF PERSONNEL ACTION                             |                              | 4 EFFECTIVE DATE                | 5 CATEGORY OF EMPLOYMENT |
| PROMOTION  |                              | 07 19 64                        | REGULAR                  |
| 6 FUNDS  | 7 POST CENTER NO. CHARGEABLE | 8 CSC OR OTHER LEGAL AUTHORITY  |                          |
| X  | 5275 2100 0000               | 50 USC 403 J                    |                          |
| 9 ORGANIZATIONAL DESIGNATIONS                            |                              | 10 LOCATION OF OFFICIAL STATION |                          |
| DDS/OTR<br>JUNIOR OFFICER TRAINEE CORPS                  |                              | WASH., D. C.                    |                          |
| 11 POSITION TITLE  |                              | 12 POSITION NUMBER              | 13 SERVICE DESIGNATION   |
| JR OF TRAINEE  |                              | 0748                            | SJ                       |
| 14 CLASSIFICATION SCHEDULE (GS, GS, GS)                  | 15 OCCUPATIONAL SERIES       | 16 GRADE AND STEP               | 17 SALARY OR RATE        |
| GS   | 0090.01                      | GS 2                            | 7260                     |
| 18 REMARKS   |                              |                                 |                          |
|  |                              |                                 |                          |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL |                              |                                 |                          |
| 19 ACTION CODE   | 20 OFFICE CODING             | 21 STATION CODE                 | 22 INTEGRATED CODE       |
| 22 10  | 28300 JOTC                   | 75013                           |                          |
| 23 DATE OF BIRTH   | 24 DATE OF GRADE             | 25 DATE OF LET                  |                          |
| 12 08 35   | 07 19 64                     | 07 19 64                        |                          |
| 26 DATE EXPIRES  | 27 SPECIAL REFERENCE         | 28 DETACHMENT DATA              | 29 SEPARATION DATA CODE  |
|  |                              |                                 |                          |
| 30 VET PREFERENCE  | 31 SERV COMP DATA            | 32 LONG COMP DATA               | 33 CAREER CATEGORY       |
|  |                              |                                 |                          |
| 34 PREVIOUS GOVERNMENT SERVICE DATA                      | 35 LEAVE (LT)                | 36 FEDERAL TAX DATA             | 37 STATE TAX DATA        |
|  |                              |                                 |                          |
| SIGNATURE OR OTHER AUTHENTICATION                        |                              |                                 |                          |
|  |                              |                                 |                          |

POSTED

7-21-64

FORM 1110

Use Prescribed

SECRET

JUL 1964

 LEGAL  
 1. All personnel  
 2. Must be  
 3. Properly  
 4. Approved

(When Filled In)



**SECRET**  
(When Filled In)

## NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER      2. NAME (LAST FIRST MIDDLE)

005058      POLLOCK JAMES S

3. NATURE OF PERSONNEL ACTION  
REASSIGNMENT AND CHG OF  
SERVICE DESIGNATION

4. EFFECTIVE DATE

MO    DA    YR  
01    01    68

5. CATEGORY OF EMPLOYMENT

REGULAR

6. FUNDS

|         |          |
|---------|----------|
| V TO V  | V TO CP  |
| CP TO V | CP TO CP |

7. COST CENTER NO. CHARGEABLE

4077 1100 1000

8. CSC OR OTHER LEGAL AUTHORITY

50 USC 4002

9. ORGANIZATIONAL DESIGNATIONS

DDSC/CTR  
JUNIOR OFFICER TRAINEE CORPS

10. LOCATION OF OFFICIAL STATION

WASH, D. C.

11. POSITION TITLE

JO OF TRAINEE

12. POSITION NUMBER

07413

13. SERVICE DESIGNATION

SJ

14. CLASSIFICATION SCHEDULE (GS, AB, etc.)

GS

15. OCCUPATIONAL SERIES

0000.01

16. GRADE AND STEP

GS-2

17. SALARY OR RATE

\$500

18. REMARKS

### SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

|  |  |  |  |  |                     |   |                               |                             |
|--|--|--|--|--|---------------------|---|-------------------------------|-----------------------------|
| 19. ACTION CODE<br>37  | 20. EMPLOY CODE<br>10                                | 21. OFFICE CODING<br>ALPHABETIC<br>POLLOCK | 22. STATION CODE<br>00013                      | 23. INTEGRITY CODE   | 24. MONTH CODE<br>1 | 25. DATE OF BIRTH<br>MO DA YR<br>12 02 1938               | 26. DATE OF GRADE<br>MO DA YR | 27. DATE OF REG<br>MO DA YR |
| 28. NTE EXPIRES<br>MO DA YR  | 29. SPECIAL REFERENCE<br>1. CR<br>2. FICA<br>3. NONE | 30. RETIREMENT DATA<br>CODE                | 31. SEPARATION DATA CODE                       | 32. CORRECTION/CANCELLATION DATA<br>TYPE MO DA YR                    | 33. SECURITY REQ NO | 34. SEC   |                               |                             |
| 35. VET. PREFERENCE<br>CODE<br>0. NONE<br>1. 5 PT<br>2. 10 PT  | 36. SERV COMP DATE<br>MO DA YR                       | 37. LONG COMP DATE<br>MO DA YR             | 38. LABOUR CATEGORY<br>LAB. TYPE<br>FULLY TEMP | 39. FEGLI / HEALTH INSURANCE<br>CODE<br>0. WAIVER<br>1. YES          | HEALTH INS CODE     | 40. SOCIAL SECURITY NO                                    |                               |                             |
| 41. PREVIOUS GOVERNMENT SERVICE DATA<br>CODE<br>0. NO PREVIOUS SERVICE<br>1. NO BREAK IN SERVICE<br>2. BREAK IN SERVICE (LESS THAN 3 YEARS)<br>3. BREAK IN SERVICE (MORE THAN 3 YEARS) |  |  | 42. LEAVE CAT<br>CODE<br>1. YES<br>2. NO       | 43. FEDERAL TAX DATA<br>CODE<br>NO TAX EXEMPTIONS<br>1. YES<br>2. NO |                     | 44. STATE TAX DATA<br>CODE<br>NO TAX EXEMPT<br>STATE CODE |                               |                             |

EOD DATA

SIGNATURE OR OTHER AUTHENTICATION

FROM: SAS

**POSTED**

4000 1100

Use Previous Edition

**SECRET**

14507  
Issued in printed form only and  
must be signed  
(When)



125-1196

|  |      |                  |             |                     |      |              |                |
|--|------|------------------|-------------|---------------------|------|--------------|----------------|
| 1 Serial No  |      | 2 Name           |             | 3 Low Center Number |      | 4 LWOP Hours |                |
| 025658   |      | PICCOLO JOSEPH S |             | 28 300 V            |      |              |                |
| 5 OLD SALARY RATE  |      |                  |             | 6 NEW SALARY RATE   |      |              |                |
| Grade  | Step | Salary           | Low PM Date | Grade               | Step | Salary       | Effective Date |
| GS 08  | 2    | \$ 6,600         | 04/28/63    | GS 08               | 3    | \$ 6,810     | 04/28/64       |
| 7 TIME ACTION  |      |                  |             |                     |      |              |                |
| PSI ISI ADI  |      |                  |             |                     |      |              |                |
| 8 Remarks and Authorization  |      |                  |             |                     |      |              |                |
| / / NO EXCESS LWOP<br>/ / IN PAY STATUS AT END OF WAITING PERIOD<br>/ / LWOP STATUS AT END OF WAITING PERIOD<br>CLERKS INITIALS <i>WN</i> AUDITED BY |      |                  |             |                     |      |              |                |
| I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS<br>OF AN ACCEPTABLE LEVEL OF COMPETENCE.  |      |                  |             |                     |      |              |                |
| SIGNATURE: <i>[Signature]</i>  |      |                  |             | DATE 2/11/64        |      |              |                |
| PAY CHANGE NOTIFICATION  |      |                  |             |                     |      |              |                |

Form 561 560

Obsolete Previous Edition

(431)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 5 JANUARY 1964.

| NAME             | SERIAL | GRON FUNDS | GR-ST   | OLD SALARY | NEW SALARY |
|------------------|--------|------------|---------|------------|------------|
| PICCOLO JOSEPH S | 025658 | 49 300 V   | GS 08 2 | \$ 6,795   | \$ 6,600   |



**SECRET**  
(When Filled In)

RZR: 20 APR 63

| NOTIFICATION OF PERSONNEL ACTION  |  |  |  |                                       |  |                                  |  |                                  |  |                        |  |
|---|--|--|--|---------------------------------------|--|----------------------------------|--|----------------------------------|--|------------------------|--|
| 1. SERIAL NUMBER  |  | 2. NAME (LAST FIRST MIDDLE)                |  |                                       |  |                                  |  |                                  |  |                        |  |
| 025658  |  | PICCOLO JOSEPH S                           |  |                                       |  |                                  |  |                                  |  |                        |  |
| 3. NATURE OF PERSONNEL ACTION   |  |  |  |                                       |  | 4. EFFECTIVE DATE                |  | 5. CATEGORY OF EMPLOYMENT        |  |                        |  |
| PROMOTION   |  |  |  |                                       |  | 04 28 63                         |  | REGULAR                          |  |                        |  |
| 6. FUNDS  |  | <input checked="" type="checkbox"/> V TO V |  | <input type="checkbox"/> V TO CF      |  | 7. COST CENTER NO. CHARGEABLE    |  | 8. CSC OR OTHER LEGAL AUTHORITY  |  |                        |  |
| X   |  | <input type="checkbox"/> CF TO V           |  | <input type="checkbox"/> CF TO CF     |  | 3232 1000 1000                   |  | 50 USC 403 J                     |  |                        |  |
| 9. ORGANIZATIONAL DESIGNATIONS  |  |  |  |                                       |  | 10. LOCATION OF OFFICIAL STATION |  |                                  |  |                        |  |
| DDP/SPECIAL AFFAIRS STAFF<br>FI/CI BRANCH   |  |  |  |                                       |  | WASH., D.C.                      |  |                                  |  |                        |  |
| 11. POSITION TITLE  |  |  |  |                                       |  | 12. POSITION NUMBER              |  | 13. SERVICE DESIGNATION          |  |                        |  |
| OPS OFFICER   |  |  |  |                                       |  | 0583                             |  | D                                |  |                        |  |
| 14. CLASSIFICATION SCHEDULE (GS, LB, MC)  |  |  |  | 15. OCCUPATIONAL SERIES               |  | 16. GRADE AND STEP               |  | 17. SALARY OR RATE               |  |                        |  |
| GS  |  |  |  | 0136.01                               |  | 08 2                             |  | 5295                             |  |                        |  |
| 18. REMARKS   |  |  |  |                                       |  |                                  |  |                                  |  |                        |  |
| INTELLIGENCE ANALYST OCCUPYING OPERATIONS OFFICER POSITION.   |  |  |  |                                       |  |                                  |  |                                  |  |                        |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  |  |  |  |                                       |  |                                  |  |                                  |  |                        |  |
| 19. ACTION CODE   |  | 20. EMPLOY CODE                            |  | 21. OFFICE CODING                     |  | 22. STATION CODE                 |  | 23. INTEGRAL CODE                |  | 24. HOURS CODE         |  |
| 22  |  | 10   |  | NUMERIC<br>51300<br>ALPHABETIC<br>SAS |  | 75013                            |  |                                  |  |                        |  |
| 25. DATE OF BIRTH   |  | 26. DATE OF GRADE                          |  | 27. DATE OF LEI                       |  | 28. DATE OF BIRTH                |  | 29. DATE OF GRADE                |  | 30. DATE OF LEI        |  |
| 12 05 35  |  | 04 29 63                                   |  | 04 23 63                              |  | 12 05 35                         |  | 04 29 63                         |  | 04 23 63               |  |
| 31. NTH EXPIRES   |  | 32. SPECIAL REFERENCE                      |  | 33. RETIREMENT DATA                   |  | 34. SEPARATION DATA CODE         |  | 35. CORRECTION/CANCELLATION DATA |  | 36. SECURITY REQ NO    |  |
|   |  |  |  |                                       |  |                                  |  | EOD DATA                         |  |                        |  |
| 37. VET PREFERENCE  |  | 38. SERV COMP DATE                         |  | 39. LONG COMP DATE                    |  | 40. CAREER CATEGORY              |  | 41. PERS / HEALTH INSURANCE      |  | 42. SOCIAL SECURITY NO |  |
| CODE  |  | MO DA YR                                   |  | MO DA YR                              |  | CODE                             |  | CODE                             |  | CODE                   |  |
|   |  |  |  |                                       |  |                                  |  |                                  |  |                        |  |
| 43. PREVIOUS GOVERNMENT SERVICE DATA  |  |  |  | 44. LEAVE CAS                         |  | 45. FEDERAL TAX DATA             |  | 46. STATE TAX DATA               |  |                        |  |
| CODE  |  |  |  | CODE                                  |  | CODE                             |  | CODE                             |  |                        |  |
| 1. NO FEDERAL SERVICE   |  |  |  | 1. YES                                |  | 1. YES                           |  | 1. YES                           |  |                        |  |
| 2. NO DATA IN SERVICE   |  |  |  | 2. NO                                 |  | 2. NO                            |  | 2. NO                            |  |                        |  |
| 3. DATA IN SERVICE  |  |  |  | 3. YES                                |  | 3. YES                           |  | 3. YES                           |  |                        |  |
| 4. DATA IN SERVICE  |  |  |  | 4. YES                                |  | 4. YES                           |  | 4. YES                           |  |                        |  |
| SIGNATURE OR OTHER AUTHENTICATION   |  |  |  |                                       |  |                                  |  |                                  |  |                        |  |
| <div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b><br/> </div> |  |  |  |                                       |  |                                  |  |                                  |  |                        |  |

FORM 1150  
11 61

Use Previous  
Editions  
29 APR 63

**SECRET**

**SECRET**  
(When Filled In)

(When Filled In)



IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LA. 87 - 793 AND  
 DCI MEMORANDUM DATED 1 AUGUST 1961, SALARY IS ADJUSTED AS FOLLOWS,  
 EFFECTIVE 14 OCTOBER 1962

| NAME             | SERIAL | ORGN  | FUNDS | OLD<br>GR-ST | OLD<br>SALARY | NEW<br>GR-ST | NEW<br>SALARY |
|------------------|--------|-------|-------|--------------|---------------|--------------|---------------|
| PICCOLO JOSEPH S | 023658 | 41300 | V     | 07 3         | \$ 5685       | 07 3         | \$ 5910       |



POC: 5 SEPT 62

**SECRET**  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION                         |                 |                             |                         |                      |                      |                                   |                   |                                  |                    |                         |  |
|--|-----------------|-----------------------------|-------------------------|----------------------|----------------------|-----------------------------------|-------------------|----------------------------------|--------------------|-------------------------|--|
| 1. SERIAL NUMBER   |                 | 2. NAME (LAST FIRST MIDDLE) |                         |                      |                      |                                   |                   |                                  |                    |                         |  |
| 025058   |                 | PICCOLO JOSEPH S            |                         |                      |                      |                                   |                   |                                  |                    |                         |  |
| 3. NATURE OF PERSONNEL ACTION                            |                 |                             |                         |                      |                      | 4. EFFECTIVE DATE                 |                   | 5. CATEGORY OF EMPLOYMENT        |                    |                         |  |
| REEMPLOYMENT (MILITARY) (CAREER)                         |                 |                             |                         |                      |                      | 08   25   62                      |                   | REGULAR                          |                    |                         |  |
| 6. FUNDS   |                 | 7. V TO V                   |                         | 8. V TO CF           |                      | 9. COST CENTER NO. (UNCLASSIFIED) |                   | 10. CSC OR OTHER LEGAL AUTHORITY |                    |                         |  |
| X  |                 |                             |                         |                      |                      | 3232 1000 1000                    |                   | C.S. REG. 35.204                 |                    |                         |  |
| 9. ORGANIZATIONAL DESIGNATIONS                           |                 |                             |                         |                      |                      | 10. LOCATION OF OFFICIAL STATION  |                   |                                  |                    |                         |  |
| DDP TASK FORCE W<br>FI - CI BRANCH                       |                 |                             |                         |                      |                      | WASH., D.C.                       |                   |                                  |                    |                         |  |
| 11. POSITION TITLE                                       |                 |                             |                         |                      |                      | 12. POSITION NUMBER               |                   | 13. CAREER SERVICE DESIGNATION   |                    |                         |  |
| INTELLIGENCE ASST  |                 |                             |                         |                      |                      | 0685                              |                   | D                                |                    |                         |  |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.)               |                 |                             | 15. OCCUPATIONAL SERIES |                      |                      | 16. GRADE AND STEP                |                   |                                  | 17. SALARY OR RATE |                         |  |
| GS   |                 |                             | 0301.23                 |                      |                      | 07 3                              |                   |                                  | 5685               |                         |  |
| 18. REMARKS  |                 |                             |                         |                      |                      |                                   |                   |                                  |                    |                         |  |
|  |                 |                             |                         |                      |                      |                                   |                   |                                  |                    |                         |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL |                 |                             |                         |                      |                      |                                   |                   |                                  |                    |                         |  |
| 19. ACTION CODE  | 20. EMPLOY CODE | 21. OFFICE CODING           |                         | 22. STATION CODE     | 23. INTERAGENCY CODE | 24. MONTH CODE                    | 25. DATE OF BIRTH | 26. DATE OF GRADE                | 27. DATE OF LST    | 28. SECURITY            |  |
| 12   | 10              | 11300 TFW                   |                         | 75013                |                      |                                   | 12   08   35      | 07   24   00                     | 07   22   62       | 10776 M1                |  |
| 29. DED EXPIRES  |                 | 30. SPECIAL REFERENCE       |                         | 31. RETIREMENT DATA  |                      | 32. SEPARATION DATA CODE          |                   | 33. CORRECTION/CANCELLATION DATA |                    | 34. SECURITY            |  |
|  |                 |                             |                         |                      |                      |                                   |                   | EOD DATA                         |                    | 10776 M1                |  |
| 35. NAT. PRECEDENCE                                      |                 | 36. SERV. COMP. DATE        |                         | 37. LONG. COMP. DATE |                      | 38. DIL. SERV. CODE/CLASS         |                   | 39. REG. HEALTH INSURANCE        |                    | 40. SOCIAL SECURITY NO. |  |
| 0  |                 | 12 27 54                    |                         | 12 24 57             |                      | C                                 |                   | 1                                |                    | 2-44111334              |  |
| 41. PREVIOUS GOVERNMENT SERVICE DATA                     |                 |                             |                         | 42. LEAVE (LT) CODE  |                      |                                   |                   | 43. FEDERAL TAX DATA             |                    |                         |  |
| 0  |                 |                             |                         | L                    |                      |                                   |                   | 1 C                              |                    |                         |  |
| 44. NATURE OF OTHER AUTHORITY, IF ANY                    |                 |                             |                         |                      |                      |                                   |                   |                                  |                    |                         |  |
|  |                 |                             |                         |                      |                      |                                   |                   |                                  |                    |                         |  |

**POSTED**  
*[Signature]*



PSC: 6 OCT 1961

SECRET  
(When Filled In)

| NOTIFICATION OF PERSONNEL ACTION                         |  |                             |  |                                  |  |                                |  |                                  |  |
|--|--|-----------------------------|--|----------------------------------|--|--------------------------------|--|----------------------------------|--|
| OEF  |  |                             |  |                                  |  |                                |  |                                  |  |
| 1. SERIAL NUMBER   |  | 2. NAME (LAST FIRST MIDDLE) |  |                                  |  |                                |  |                                  |  |
| 025658   |  | PICCOLO JOSEPH S            |  |                                  |  |                                |  |                                  |  |
| 3. NATURE OF PERSONNEL ACTION                            |  |                             |  | 4. EFFECTIVE DATE                |  | 5. CATEGORY OF EMPLOYMENT      |  |                                  |  |
| SEPARATION (MILITARY)                                    |  |                             |  | 10 04 61                         |  | REGULAR                        |  |                                  |  |
| 6. FUNDS   |  | 7. V TO V                   |  | 8. V TO CF                       |  | 9. COST CENTER NO CHARGEABLE   |  | 10. CSC OR OTHER LEGAL AUTHORITY |  |
| X  |  |                             |  |                                  |  | 2635 5000 8021                 |  | C.S. REG. 35.2                   |  |
| 11. ORGANIZATIONAL DESIGNATIONS                          |  |                             |  | 12. LOCATION OF OFFICIAL STATION |  |                                |  |                                  |  |
| ODP WH<br>BRANCH 4                                       |  |                             |  | WASH., D.C.                      |  |                                |  |                                  |  |
| 13. POSITION TITLE                                       |  |                             |  | 14. POSITION NUMBER              |  | 15. CAREER SERVICE DESIGNATION |  |                                  |  |
| INTELLIGENCE ASST -                                      |  |                             |  | 0629                             |  | D                              |  |                                  |  |
| 16. CLASSIFICATION SCHEDULE (GS, WB, JW, etc.)           |  | 17. OCCUPATIONAL SERIES     |  | 18. GRADE AND STEP               |  | 19. SALARY OR RATE             |  |                                  |  |
| GS   |  | 0301.28                     |  | 07 2                             |  | 5520                           |  |                                  |  |
| 20. REMARKS  |  |                             |  |                                  |  |                                |  |                                  |  |
| ANNUAL LEAVE AND RETIREMENT TO BE HELD IN ESCROW.        |  |                             |  |                                  |  |                                |  |                                  |  |
| SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL |  |                             |  |                                  |  |                                |  |                                  |  |
| 21. ACTION CODE  |  | 22. EMPLOY CODE             |  | 23. OFFICE CODING                |  | 24. STATION CODE               |  | 25. INTEGRATED CODE              |  |
| 48   |  | 10                          |  |                                  |  |                                |  |                                  |  |
| 26. DATE OF BIRTH  |  | 27. DATE OF GRADE           |  | 28. DATE OF LST                  |  | 29. DATE OF BIRTH              |  | 30. DATE OF GRADE                |  |
| 12 08 35   |  |                             |  |                                  |  |                                |  |                                  |  |
| 31. DATE OF BIRTH  |  | 32. DATE OF GRADE           |  | 33. DATE OF LST                  |  | 34. DATE OF BIRTH              |  | 35. DATE OF GRADE                |  |
| 12 08 35   |  |                             |  |                                  |  |                                |  |                                  |  |
| 36. DATE OF BIRTH  |  | 37. DATE OF GRADE           |  | 38. DATE OF LST                  |  | 39. DATE OF BIRTH              |  | 40. DATE OF GRADE                |  |
| 12 08 35   |  |                             |  |                                  |  |                                |  |                                  |  |
| 41. DATE OF BIRTH  |  | 42. DATE OF GRADE           |  | 43. DATE OF LST                  |  | 44. DATE OF BIRTH              |  | 45. DATE OF GRADE                |  |
| 12 08 35   |  |                             |  |                                  |  |                                |  |                                  |  |
| 46. DATE OF BIRTH  |  | 47. DATE OF GRADE           |  | 48. DATE OF LST                  |  | 49. DATE OF BIRTH              |  | 50. DATE OF GRADE                |  |
| 12 08 35   |  |                             |  |                                  |  |                                |  |                                  |  |
| 51. DATE OF BIRTH  |  | 52. DATE OF GRADE           |  | 53. DATE OF LST                  |  | 54. DATE OF BIRTH              |  | 55. DATE OF GRADE                |  |
| 12 08 35   |  |                             |  |                                  |  |                                |  |                                  |  |
| 56. DATE OF BIRTH  |  | 57. DATE OF GRADE           |  | 58. DATE OF LST                  |  | 59. DATE OF BIRTH              |  | 60. DATE OF GRADE                |  |
| 12 08 35   |  |                             |  |                                  |  |                                |  |                                  |  |
| SIGNATURE OR OTHER AUTHENTICATION                        |  |                             |  |                                  |  |                                |  |                                  |  |
| 10/1/61 ZJK  |  |                             |  |                                  |  |                                |  |                                  |  |

P-4030  
6-64(When Filled In)  
5-4030-100

SECRET

5-64



(When Filled In)

|  |                  |                       |                |          |      |        |                |                |  |
|--|------------------|-----------------------|----------------|----------|------|--------|----------------|----------------|--|
| 1. Serial No.  | 2. Name          | 3. Cost Center Number | 4. LWOP Hou.s  |          |      |        |                |                |  |
| 125658   | PICCOLO JOSEPH S | DUP/WH 3A V-20        |                |          |      |        |                |                |  |
| 5. OLD SALARY RATE   |                  | 6. NEW SALARY RATE    |                |          |      |        |                |                |  |
| Grade  | Step             | Salary                | Last Eff. Date | Grade    | Step | Salary | Effective Date | 7. TYPE ACTION |  |
| GS   | 07               | 1                     | \$ 5,355       | 07/24/60 | 07   | 2      | \$ 5,520       | 07/25/61       |  |
| 8. Remarks and Authentication  |                  |                       |                |          |      |        |                |                |  |
| <p>+ NO EXCESS LWOP</p> <p>/ / IN PAY STATUS AT END OF WAITING PERIOD</p> <p>/ / IN LWOP STATUS AT END OF WAITING PERIOD</p> <p>10. 10 11 12</p> <p>HONORARY RETIREMENT</p> <p style="text-align: right;">NK<br/>Jen</p> |                  |                       |                |          |      |        |                |                |  |
| PAY CHANGE NOTIFICATION  |                  |                       |                |          |      |        |                |                |  |



**SECRET**  
(When Filled In)

### NOTIFICATION OF PERSONNEL ACTION

PAS: 22 JULY 1960

|               |     |                             |       |                                 |               |     |                   |      |          |     |           |      |                |     |
|---------------|-----|-----------------------------|-------|---------------------------------|---------------|-----|-------------------|------|----------|-----|-----------|------|----------------|-----|
| 1. Serial No. |     | 2. Name (Last-First-Middle) |       | 3. Date Of Birth                |               |     | 4. Var. Pref.     |      | 5. Sex   |     | 6. CS-EOD |      |                |     |
| 125658        |     | PICCOLO JOSEPH S            |       | Mo.                             | Da.           | Yr. | None-0            | Code |          | M   | 1         | Mo.  | Da.            | Yr. |
|               |     |                             |       | 12                              | 08            | 35  | 5 Pt-1            | 0    |          |     |           | 02   | 04             | 57  |
| 7. SCB        |     | 8. CSC Point.               |       | 9. CSC Or Other Legal Authority |               |     | 10. Apmt. Alliduv |      | 11. EGLI |     | 12. LCD   |      | 13. Encl. Code |     |
| Mo.           | Da. | Yr.                         | Yes-1 | Code                            |               |     |                   | Mo.  | Da.      | Yr. | Yes-1     | Code |                |     |
| 12            | 27  | 54                          | No-2  | 1                               | 50 USCA 403 J |     |                   |      |          |     | No-2      |      | 2              |     |

### PREVIOUS ASSIGNMENT

|                                 |      |                    |  |                  |  |                                  |     |                   |     |                          |     |
|---------------------------------|------|--------------------|--|------------------|--|----------------------------------|-----|-------------------|-----|--------------------------|-----|
| 14. Organizational Designations |      |                    |  | Code             |  | 15. Location Of Official Station |     |                   |     | Station Code             |     |
| DDP WH<br>BRANCH 4              |      |                    |  | 4617             |  | WASH., D.C.                      |     |                   |     | 75013                    |     |
| 16. Dept. - Field               |      | 17. Position Title |  | 18. Position No. |  | 19. Serv.                        |     | 20. Occup. Series |     |                          |     |
| Dept. - 2                       | Code |                    |  |                  |  |                                  |     |                   |     |                          |     |
| USMld - 4                       | 2    | INTELL ASST        |  | 0629             |  | GS                               |     | 0301.28           |     |                          |     |
| Frqn - 6                        |      |                    |  |                  |  |                                  |     |                   |     |                          |     |
| 21. Grade & Step                |      | 22. Salary Or Rate |  | 23. SD           |  | 24. Date Of Grade                |     | 25. PSI Due       |     | 26. Appropriation Number |     |
| 06                              | 2    | \$ 4995            |  | 0                |  | Mo.                              | Da. | Yr.               | Mo. | Da.                      | Yr. |
|                                 |      |                    |  |                  |  | 06                               | 28  | 59                | 06  | 26                       | 60  |
|                                 |      |                    |  |                  |  |                                  |     |                   |     | 0235 1000 1000           |     |

### ACTION

|                      |  |      |  |               |  |                      |  |      |  |                     |  |
|----------------------|--|------|--|---------------|--|----------------------|--|------|--|---------------------|--|
| 27. Nature Of Action |  | Code |  | 28. Eff. Date |  | 29. Type Of Employee |  | Code |  | 30. Separation Data |  |
| PROMOTION            |  | 30   |  | 07   24   60  |  | REGULAR              |  | 01   |  |                     |  |
|                      |  |      |  |               |  |                      |  |      |  |                     |  |

### PRESENT ASSIGNMENT

|                                 |      |                    |  |                  |  |                                  |     |                   |     |                          |     |
|---------------------------------|------|--------------------|--|------------------|--|----------------------------------|-----|-------------------|-----|--------------------------|-----|
| 31. Organizational Designations |      |                    |  | Code             |  | 32. Location Of Official Station |     |                   |     | Station Code             |     |
| DDP WH<br>BRANCH 4              |      |                    |  | 4617             |  | WASH., D.C.                      |     |                   |     | 75013                    |     |
| 33. Dept. - Field               |      | 34. Position Title |  | 35. Position No. |  | 36. Serv.                        |     | 37. Occup. Series |     |                          |     |
| Dept. - 2                       | Code |                    |  |                  |  |                                  |     |                   |     |                          |     |
| USMld - 4                       | 2    | INTELL ASST        |  | 0629             |  | GS                               |     | 0301.28           |     |                          |     |
| Frqn - 6                        |      |                    |  |                  |  |                                  |     |                   |     |                          |     |
| 38. Grade & Step                |      | 39. Salary Or Rate |  | 40. SD           |  | 41. Date Of Grade                |     | 42. PSI Due       |     | 43. Appropriation Number |     |
| 07                              | 1    | \$ 5355            |  | 0                |  | Mo.                              | Da. | Yr.               | Mo. | Da.                      | Yr. |
|                                 |      |                    |  |                  |  | 07                               | 24  | 60                | 07  | 23                       | 61  |
|                                 |      |                    |  |                  |  |                                  |     |                   |     | 1235 1000 1000           |     |

44. Remarks

POSTED  
28-08-60 WK

**SECRET**



IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-568 AND DCI MEMO DATED  
1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

| SO | NAME             | SERIAL | ORGN  | GR-ST   | OLD SALARY | NEW SALARY |
|----|------------------|--------|-------|---------|------------|------------|
| D  | PICCOLO JOSEPH S | 125658 | 46 17 | GS-06 2 | \$ 4,640   | \$ 4,995   |

/S/ EMMETT D. ECHOLS  
DIRECTOR OF PERSONNEL



**SECRET**  
(WHEN FILLED IN)

|   |      |                  |                     |    |                    |                         |          |          |                |    |    |
|---|------|------------------|---------------------|----|--------------------|-------------------------|----------|----------|----------------|----|----|
| 1. EMP. SERIAL NO.  |      | 2. NAME          |                     |    | 3. ASSIGNED ORGAN. |                         | 4. FUNDS |          | 5. ALLOTMENT   |    |    |
| 525638  |      | PICCOLO JOSEPH S |                     |    | DDP/WH 1           |                         | UV       |          |                |    |    |
| 6. OLD SALARY RATE  |      |                  |                     |    |                    | 7. NEW SALARY RATE      |          |          |                |    |    |
| GRADE   | STEP | SALARY           | LAST EFFECTIVE DATE |    |                    | GRADE                   | STEP     | SALARY   | EFFECTIVE DATE |    |    |
|   |      |                  | MO                  | DA | YE                 |                         |          |          | MO             | DA | YE |
| GS 06   | 1    | \$ 4,490         | 06                  | 20 | 50                 | GS 06                   | 2        | \$ 4,640 | 06             | 26 | 60 |
| TO BE COMPLETED BY THE OFFICE OF COMPTROLLER  |      |                  |                     |    |                    |                         |          |          |                |    |    |
| 8. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP    |      |                  |                     |    |                    | 9. NUMBER OF HOURS LWOP |          |          |                |    |    |
| IF EXCESS LWOP, CHECK FOLLOWING:  |      |                  |                     |    |                    |                         |          |          |                |    |    |
| <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD   |      |                  |                     |    |                    | 10. INITIALS OF CLERK   |          |          |                |    |    |
| <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD  |      |                  |                     |    |                    | 11. AUDITED BY          |          |          |                |    |    |
| TO BE COMPLETED BY THE OFFICE OF PERSONNEL  |      |                  |                     |    |                    |                         |          |          |                |    |    |
| 12. TYPE OF ACTION  |      |                  |                     |    |                    | 13. REMARKS             |          |          |                |    |    |
| <input type="checkbox"/> P.S.I. <input type="checkbox"/> S.S.I. <input type="checkbox"/> PAY ADJUSTMENT |      |                  |                     |    |                    |                         |          |          |                |    |    |
| 14. AUTHENTICATION  |      |                  |                     |    |                    |                         |          |          |                |    |    |
| <p align="center">OS. 11/17/50</p> <p align="center"><b>ENTRANCE</b></p> <p align="right">WJ</p>        |      |                  |                     |    |                    |                         |          |          |                |    |    |
| PAY CHANGE NOTIFICATION   |      |                  |                     |    |                    |                         |          |          |                |    |    |

FORM 5-59

560 OBSOLETE PREVIOUS EDITION REPLACES FORM 560a AND 560b.

SECRET

OFFICIAL PERSONNEL FOLDER

(4)



**SECRET**  
(When Filled In)

|                    |  |  |                             |  |  |                                 |  |  |                    |  |  |   |  |  |            |  |  |               |  |  |  |  |  |
|--------------------|--|--|-----------------------------|--|--|---------------------------------|--|--|--------------------|--|--|---|--|--|------------|--|--|---------------|--|--|--|--|--|
| BES: 15 APRIL 1960 |  |  |                             |  |  |                                 |  |  |                    |  |  | <b>NOTIFICATION OF PERSONNEL ACTION</b> |  |  |            |  |  |               |  |  |  |  |  |
| 1. Serial No.      |  |  | 2. Name (Last-First-Middle) |  |  |                                 |  |  | 3. Date Of Birth   |  |  | 4. Service                              |  |  | 5. Grade   |  |  | 6. Station    |  |  |  |  |  |
| 125658             |  |  | PICCOLO JOSEPH S            |  |  |                                 |  |  | 12 08 35           |  |  | None-0<br>5 Pt-1<br>10 Pt-2             |  |  | 0 M 1      |  |  | 02 04 57      |  |  |  |  |  |
| 7. ZOD             |  |  | 8. CSC Point                |  |  | 9. CSC Or Other Legal Authority |  |  | 10. Asmt. Affiliat |  |  | 11. FLCL                                |  |  | 12. LCD    |  |  | 13. Encl. Cdn |  |  |  |  |  |
| 12 27 54           |  |  | Yes-1<br>No-2               |  |  | 1                               |  |  | 50 USCA 403 J      |  |  | Mo. Da. Yr.<br>Yes-1<br>No-2            |  |  | 1 02 04 57 |  |  | Yrs-1<br>No-2 |  |  |  |  |  |
|                    |  |  |                             |  |  |                                 |  |  |                    |  |  |   |  |  |            |  |  |               |  |  |  |  |  |

**PREVIOUS ASSIGNMENT**

|                                   |  |                    |  |        |  |                                  |  |             |  |                          |  |
|-----------------------------------|--|--------------------|--|--------|--|----------------------------------|--|-------------|--|--------------------------|--|
| 14. Organizational Designations   |  |                    |  | Code   |  | 15. Location Of Official Station |  |             |  | Station Code             |  |
| DDP WH DIVISION<br>CS/CS DEV COMP |  |                    |  | 4688   |  | WASH., D.C.                      |  |             |  | 75013                    |  |
| 16. Dept. - Field                 |  | 17. Position Title |  |        |  | 18. Position No.                 |  | 19. Serv.   |  | 20. Occup. Series        |  |
| Dept - 2<br>Field - 4<br>Frgn - 6 |  | MAIL AND FILE SUP  |  |        |  | 011060                           |  | GS          |  | 0305.05                  |  |
| 21. Grade & Step                  |  | 22. Salary Or Rate |  | 23. SD |  | 24. Date Of Grade                |  | 25. P/I Due |  | 26. Appropriation Number |  |
| 06 1                              |  | \$ 4490            |  | DS     |  | 06 28 59                         |  | 06 26 60    |  | 0320 1998.               |  |

**ACTION**

|   |  |  |      |  |               |  |  |                      |  |  |      |  |                     |  |
|---|--|--|------|--|---------------|--|--|----------------------|--|--|------|--|---------------------|--|
| 27. Nature Of Action                          |  |  | Code |  | 28. Eff. Date |  |  | 29. Type Of Employee |  |  | Code |  | 30. Separation Data |  |
| REASSIGNMENT & TRANSFER TO<br>VOUCHERED FUNDS |  |  | 01   |  | 04 17 60      |  |  | REGULAR              |  |  | 01   |  |                     |  |

**PRESENT ASSIGNMENT**

|                                   |  |                    |  |        |  |                                  |  |             |  |                          |  |
|-----------------------------------|--|--------------------|--|--------|--|----------------------------------|--|-------------|--|--------------------------|--|
| 31. Organizational Designations   |  |                    |  | Code   |  | 32. Location Of Official Station |  |             |  | Station Code             |  |
| DDP WH<br>BRANCH 4                |  |                    |  | 4617   |  | WASH., D.C.                      |  |             |  | 75013                    |  |
| 33. Dept. - Field                 |  | 34. Position Title |  |        |  | 35. Position No.                 |  | 36. Serv.   |  | 37. Occup. Series        |  |
| Dept - 2<br>Field - 4<br>Frgn - 6 |  | INTELL ASST        |  |        |  | 0629                             |  | GS          |  | 0301.28                  |  |
| 38. Grade & Step                  |  | 39. Salary Or Rate |  | 40. SD |  | 41. Date Of Grade                |  | 42. P/I Due |  | 43. Appropriation Number |  |
| 06 1                              |  | \$ 4490            |  | D      |  | 06 28 59                         |  | 06 26 60    |  | 0235 1000 1000           |  |

44. Remarks

04-19-60 WK



SECRET

## NOTIFICATION OF PERSONNEL ACTION

AES: 8 JAN 60

|               |  |  |                             |  |  |                                 |  |  |                             |  |  |               |  |  |           |  |  |
|---------------|--|--|-----------------------------|--|--|---------------------------------|--|--|-----------------------------|--|--|---------------|--|--|-----------|--|--|
| 1. Serial No. |  |  | 2. Name (Last-First-Middle) |  |  | 3. Date Of Birth                |  |  | 4. Vet Prof.                |  |  | 5. Sex        |  |  | 6. CS-FOB |  |  |
| 525658        |  |  | PICCOLO JOSEPH S            |  |  | 12 09 35                        |  |  | None-0<br>5. D-1<br>10 Pt-9 |  |  | M-1           |  |  | 02 04 57  |  |  |
| 7. SCB        |  |  | 8. CSC Point                |  |  | 9. CSC Or Other Legal Authority |  |  | 10. Apmt Affidav.           |  |  | 11. FEGLI     |  |  | 12. LCB   |  |  |
| 12 27 54      |  |  | Yes-1<br>No-2               |  |  | 50 USCA 403 J                   |  |  | Mo. Da. Yr.                 |  |  | Yes-1<br>No-2 |  |  | 02 04 57  |  |  |

## PREVIOUS ASSIGNMENT

|                                 |  |  |  |                          |  |                                  |  |             |  |                          |  |
|---------------------------------|--|--|--|--------------------------|--|----------------------------------|--|-------------|--|--------------------------|--|
| 14. Organizational Designations |  |  |  | Code                     |  | 15. Location Of Official Station |  |             |  | Station Code             |  |
| DDP WH<br>BRANCH III            |  |  |  | 652                      |  |                                  |  |             |  | 35075                    |  |
| 16. Dept. Field                 |  |  |  | 17. Position Title       |  | 18. Position No.                 |  |             |  | 19. Serv.                |  |
| Dept-1<br>USStd-3<br>Frgn-5     |  |  |  | MAIL AND FILE SUP        |  | 0510                             |  |             |  | 69                       |  |
| 20. Occup Series                |  |  |  | 21. Grade & Step         |  | 22. Salary Or Rate               |  | 23. SD      |  | 24. Date Of Grade        |  |
| 0305.05                         |  |  |  | 06 1                     |  | \$ 4490                          |  | OS          |  | 06 28 59                 |  |
| 25. PSI Due                     |  |  |  | 26. Appropriation Number |  | 27. Date Of Grade                |  | 28. PSI Due |  | 29. Appropriation Number |  |
|                                 |  |  |  | 9 3570 55 060            |  | 06 28 59                         |  | 06 26 60    |  | 9 3570 55 060            |  |

## ACTION

|                      |  |      |  |               |  |                      |  |      |  |                     |  |
|----------------------|--|------|--|---------------|--|----------------------|--|------|--|---------------------|--|
| 27. Nature Of Action |  | Code |  | 28. Eff. Date |  | 29. Type Of Employee |  | Code |  | 30. Separation Data |  |
| REASSIGNMENT         |  | 67   |  | 01 10 60      |  | REGULAR              |  | 29   |  | 09                  |  |

## PRESENT ASSIGNMENT

|                                   |  |  |  |                          |  |                                  |  |             |  |                          |  |
|-----------------------------------|--|--|--|--------------------------|--|----------------------------------|--|-------------|--|--------------------------|--|
| 31. Organizational Designations   |  |  |  | Code                     |  | 32. Location Of Official Station |  |             |  | Station Code             |  |
| CS/CS DEV COMP<br>DDP WH DIVISION |  |  |  | 4688                     |  | WASH., D.C.                      |  |             |  | 75013                    |  |
| 33. Dept. Field                   |  |  |  | 34. Position Title       |  | 35. Position No.                 |  |             |  | 36. Serv.                |  |
| Dept-1<br>USStd-3<br>Frgn-5       |  |  |  | MAIL AND FILE SUP        |  | 011060                           |  |             |  | CS                       |  |
| 37. Occup Series                  |  |  |  | 38. Grade & Step         |  | 39. Salary Or Rate               |  | 40. SD      |  | 41. Date Of Grade        |  |
| 0305.05                           |  |  |  | 06 1                     |  | \$ 4490                          |  | OS          |  | 06 28 59                 |  |
| 42. PSI Due                       |  |  |  | 43. Appropriation Number |  | 44. Date Of Grade                |  | 45. PSI Due |  | 46. Appropriation Number |  |
|                                   |  |  |  | 0320 1998                |  | 06 26 60                         |  | 06 26 60    |  | 0320 1998                |  |

44. Remarks  
OTHER

10170  
1-28-60  
AMH



**SECRET**  
(WHEN FILLED IN)

|   |          |                                    |                     |           |                                    |                    |                       |              |                |           |           |       |      |        |     |     |     |  |  |  |  |  |  |
|---|----------|------------------------------------|---------------------|-----------|------------------------------------|--------------------|-----------------------|--------------|----------------|-----------|-----------|-------|------|--------|-----|-----|-----|--|--|--|--|--|--|
| 1. EMP. SERIAL NO.<br><b>525659</b>   |          | 2. NAME<br><b>PICCOLO JOSEPH S</b> |                     |           | 3. ASSIGNED ORGAN<br><b>DDP/WH</b> |                    | 4. FUNDS<br><b>UV</b> |              | 5. ALLOTMENT   |           |           |       |      |        |     |     |     |  |  |  |  |  |  |
| 6. OLD SALARY RATE  |          |                                    |                     |           |                                    | 7. NEW SALARY RATE |                       |              |                |           |           |       |      |        |     |     |     |  |  |  |  |  |  |
| GRADE   | STEP     | SALARY                             | LAST EFFECTIVE DATE |           |                                    | GRADE              | STEP                  | SALARY       | EFFECTIVE DATE |           |           |       |      |        |     |     |     |  |  |  |  |  |  |
|   |          |                                    | MO.                 | DA.       | YR.                                |                    |                       |              | MO.            | DA.       | YR.       |       |      |        |     |     |     |  |  |  |  |  |  |
| <b>GS</b>   | <b>5</b> | <b>\$ 4,040</b>                    | <b>06</b>           | <b>29</b> | <b>58</b>                          | <b>GS</b>          | <b>5</b>              | <b>4 170</b> | <b>06</b>      | <b>28</b> | <b>59</b> |       |      |        |     |     |     |  |  |  |  |  |  |
| <p align="center"><b>TO BE COMPLETED BY THE OFFICE OF THE COMPTROLLER</b></p> <p>8. CHECK ONE <input type="checkbox"/> NO RECORD <input checked="" type="checkbox"/> RECORD<br/>         IF EXCESS LUMP, CHECK FOLLOWING:<br/> <input type="checkbox"/> IN PAY STATUS <input type="checkbox"/> END OF WAITING PERIOD<br/> <input type="checkbox"/> IN LUMP STATUS <input type="checkbox"/> OTHER PERIOD</p> <p>9. NUMBER OF HOURS LUMP</p> <p>10. INITIALS OF CLERK</p> <p>11. AUDITED BY</p> |          |                                    |                     |           |                                    |                    |                       |              |                |           |           |       |      |        |     |     |     |  |  |  |  |  |  |
| <p align="center"><b>TO BE COMPLETED BY THE OFFICE OF PERSONNEL</b></p> <p>12. PROJECTED SALARY RATE AND EFFECTIVE DATE</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>GRADE</td> <td>STEP</td> <td>SALARY</td> <td>MO.</td> <td>DA.</td> <td>YR.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <p>13. REMARKS<br/><i>4 655380<br/>559</i></p>   |          |                                    |                     |           |                                    |                    |                       |              |                |           |           | GRADE | STEP | SALARY | MO. | DA. | YR. |  |  |  |  |  |  |
| GRADE   | STEP     | SALARY                             | MO.                 | DA.       | YR.                                |                    |                       |              |                |           |           |       |      |        |     |     |     |  |  |  |  |  |  |
|   |          |                                    |                     |           |                                    |                    |                       |              |                |           |           |       |      |        |     |     |     |  |  |  |  |  |  |
| <p>14. AUTHENTICATION</p> <p align="center"><b>G. M. STEWART</b></p> <p align="right"><i>JH.<br/>OK</i></p> <p align="left"><i>C&gt;</i></p> <p align="center"><b>PERIODIC STEP INCREASE - AUTHENTICATION</b></p>   |          |                                    |                     |           |                                    |                    |                       |              |                |           |           |       |      |        |     |     |     |  |  |  |  |  |  |

FORM NO. 560a  
1 MAR. 58

**SECRET**

**PERSONNEL FOLDER**

(4)

**SECRET**  
(WHEN FILLED IN)

|  |          |                                    |                     |           |                                      |                          |                       |  |                |           |           |
|--|----------|------------------------------------|---------------------|-----------|--------------------------------------|--------------------------|-----------------------|--|----------------|-----------|-----------|
| 1. EMP. SERIAL NO.<br><b>525658</b>  |          | 2. NAME<br><b>PICCOLO JOSEPH S</b> |                     |           | 3. ASSIGNED ORGAN<br><b>DDP/WH 7</b> |                          | 4. FUNDS<br><b>UV</b> |  | 5. ALLOTMENT   |           |           |
| 6. OLD SALARY RATE   |          |                                    |                     |           |                                      | 7. NEW SALARY RATE       |                       |  |                |           |           |
| GRADE  | STEP     | SALARY                             | LAST EFFECTIVE DATE |           |                                      | GRADE                    | STEP                  | SALARY   | EFFECTIVE DATE |           |           |
|  |          |                                    | MO.                 | DA.       | YR.                                  |                          |                       |  | MO.            | DA.       | YR.       |
| <b>4</b>   | <b>1</b> | <b>\$ 3,415</b>                    | <b>02</b>           | <b>04</b> | <b>57</b>                            | <b>4</b>                 | <b>2</b>              | <b>\$ 3,500</b>                                      | <b>02</b>      | <b>09</b> | <b>58</b> |
| <p>REMARKS<br/><i>PS-I effected 2/7/58 to GS-4-2 \$3,500<br/>per advices from UV Payroll (Add'l Dir. Ltr.)<br/>27 8/1/59</i></p>       |          |                                    |                     |           |                                      |                          |                       |  |                |           |           |
| <p align="center"><b>CERTIFICATION</b></p> <p>I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY.</p> |          |                                    |                     |           |                                      |                          |                       |  |                |           |           |
| TYPED OR PRINTED, NAME OF SUPERVISOR<br><b>ROBERT N. DAHLGREN</b>  |          |                                    |                     |           |                                      | DATE<br><b>21 Jan 58</b> |                       | SIGNATURE OF SUPERVISOR<br><i>Robert N. Dahlgren</i> |                |           |           |
| <p align="center"><b>PERIODIC STEP INCREASE - CERTIFICATION</b></p>  |          |                                    |                     |           |                                      |                          |                       |  |                |           |           |

FORM NO. 560  
1 MAR. 58

**SECRET**

**PERSONNEL FOLDER**



SECRET

## NOTIFICATION OF PERSONNEL ACTION

AES: 25 JUNE 1959

|              |     |                             |       |                                 |             |                    |              |         |         |         |           |                  |     |
|--------------|-----|-----------------------------|-------|---------------------------------|-------------|--------------------|--------------|---------|---------|---------|-----------|------------------|-----|
| 1. Serial No |     | 2. Name (Last-First-Middle) |       | 3. Date Of Birth                |             |                    | 4. Vet. Prof |         | 5. Serv |         | 6. CS-FOB |                  |     |
| 525658       |     | PICCOLO JOSEPH S            |       | Mo.                             | Da.         | Yr.                | Nono-0       | Code    |         | Mo.     | Da.       | Yr.              |     |
| 12           |     | 08                          |       | 35                              |             | 5 Pt-1             | 0            | M       | 1       | 02      |           | 04               | 57  |
| 7. SCD       |     | 8. CSC Rmt.                 |       | 9. CSC Or Other Legal Authority |             | 10. Appt. Allidat. |              | 11. HGU |         | 12. LCB |           | 13. M. Serv. No. |     |
| Mo.          | Da. | Yr.                         | Yes-1 | Code                            |             | Mo.                | Da.          | Yr.     | Yes-1   | Code    | Mo.       | Da.              | Yr. |
| 12           | 27  | 54                          | No-2  | 1                               | 50 USCA 403 |                    |              |         |         |         | 02        | 04               | 57  |

## PREVIOUS ASSIGNMENT

|                                 |      |                    |  |                                  |  |                          |  |
|---------------------------------|------|--------------------|--|----------------------------------|--|--------------------------|--|
| 14. Organizational Designations |      | Code               |  | 15. Location Of Official Station |  | Station Code             |  |
| DDP WH<br>BRANCH 111            |      | 4652               |  |                                  |  | 45075                    |  |
| 16. Dept. - Field               |      | 17. Position Title |  | 18. Position No.                 |  | 19. Serv.                |  |
| Dept - 1                        | Code | MAIL AND FILE CLK  |  | 0510                             |  | GS                       |  |
| UNtd - 3                        | 5    |                    |  |                                  |  | 0305.05                  |  |
| Frgh - 5                        |      |                    |  |                                  |  |                          |  |
| 21. Grade & Step                |      | 22. Salary Or Rate |  | 23. SD                           |  | 24. Date Of Grade        |  |
| 05 2                            |      | \$ 4190            |  | DS                               |  | Mo. Da. Yr.              |  |
|                                 |      |                    |  |                                  |  | Mo. Da. Yr.              |  |
|                                 |      |                    |  |                                  |  | 25. PSL Due              |  |
|                                 |      |                    |  |                                  |  | Mo. Da. Yr.              |  |
|                                 |      |                    |  |                                  |  | 26. Appropriation Number |  |
|                                 |      |                    |  |                                  |  | 8 3570 55 060            |  |

## ACTION

|                      |  |      |  |               |  |                      |  |      |  |                     |  |
|----------------------|--|------|--|---------------|--|----------------------|--|------|--|---------------------|--|
| 27. Nature Of Action |  | Code |  | 28. Eff. Date |  | 29. Type Of Employee |  | Code |  | 30. Separation Data |  |
| PROMOTION            |  | 30   |  | 06   28   59  |  | REGULAR              |  | 01   |  |                     |  |

## PRESENT ASSIGNMENT

|                                 |  |                    |  |                                  |  |                          |  |
|---------------------------------|--|--------------------|--|----------------------------------|--|--------------------------|--|
| 31. Organizational Designations |  | Code               |  | 32. Location Of Official Station |  | Station Code             |  |
| DDP WH<br>BRANCH 111            |  | 4652               |  |                                  |  | 35075                    |  |
| 33. Dept. - Field               |  | 34. Position Title |  | 35. Position No.                 |  | 36. Serv.                |  |
| Dept - 1                        |  | MAIL AND FILE SUP  |  | 0510                             |  | GS                       |  |
| UNtd - 3                        |  |                    |  |                                  |  | 0305.05                  |  |
| Frgh - 5                        |  |                    |  |                                  |  |                          |  |
| 38. Grade & Step                |  | 39. Salary Or Rate |  | 40. SD                           |  | 41. Date Of Grade        |  |
| 06 1                            |  | \$ 4490            |  | DS                               |  | Mo. Da. Yr.              |  |
|                                 |  |                    |  |                                  |  | Mo. Da. Yr.              |  |
|                                 |  |                    |  |                                  |  | 42. PSL Due              |  |
|                                 |  |                    |  |                                  |  | Mo. Da. Yr.              |  |
|                                 |  |                    |  |                                  |  | 43. Appropriation Number |  |
|                                 |  |                    |  |                                  |  | 3 3570 55 060            |  |

44. Remarks

POSTED

20 JUN 1959

101

FORM NO. 1150a

SECRET

(4)



SECRET

(When Filled In)

## NOTIFICATION OF PERSONNEL ACTION

LLC 27 JUNE 58

|                         |  |  |                             |  |  |                                 |  |  |                             |  |  |                           |  |  |                         |  |  |
|-------------------------|--|--|-----------------------------|--|--|---------------------------------|--|--|-----------------------------|--|--|---------------------------|--|--|-------------------------|--|--|
| 1. Serial No.           |  |  | 2. Name (Last-First-Middle) |  |  | 3. Date Of Birth                |  |  | 4. Vol. Pref                |  |  | 5. Sex                    |  |  | 6. CS-EOD               |  |  |
| 525658                  |  |  | PICCOLO JOSEPH S            |  |  | Mo. Da. Yr.<br>12 08 35         |  |  | None-0<br>5 Pt-1<br>10 Pt-2 |  |  | Code<br>0 M 1             |  |  | Mo. Da. Yr.<br>02 04 57 |  |  |
| 7. SCD                  |  |  | 8. CSC Point                |  |  | 9. CSC Or Other Legal Authority |  |  | 10. Appt. Affidav           |  |  | 11. F.O.L.I.              |  |  | 12. LCO                 |  |  |
| Mo. Da. Yr.<br>12 27 54 |  |  | Yes-1<br>No-2<br>1          |  |  | 50 USCA 403 J                   |  |  | Mo. Da. Yr.<br>Mo. Da. Yr.  |  |  | Yes-1<br>No-2<br>02 04 57 |  |  | Yes-1<br>No-2<br>2      |  |  |

## PREVIOUS ASSIGNMENT

|                                   |  |  |                         |  |  |                                  |  |  |                         |  |  |
|-----------------------------------|--|--|-------------------------|--|--|----------------------------------|--|--|-------------------------|--|--|
| 14. Organizational Designations   |  |  | Code                    |  |  | 15. Location Of Official Station |  |  | Station Code            |  |  |
| DDP WH<br>BRANCH 111              |  |  | 4651                    |  |  |                                  |  |  | 45075                   |  |  |
| 16. Dept. - Field                 |  |  | 17. Position Title      |  |  | 18. Position No.                 |  |  | 19. Serv.               |  |  |
| Dept - 1<br>USStd - 3<br>Frqn - 5 |  |  | Code<br>5               |  |  | MAIL AND FILE CLERK              |  |  | 510 GS                  |  |  |
| 20. Occup. Series                 |  |  | 21. Grade & Step        |  |  | 22. Salary Or Rate               |  |  | 23. SD                  |  |  |
| 0305.05                           |  |  | 04 2                    |  |  | \$ 3850                          |  |  | DS                      |  |  |
| 24. Date Of Grade                 |  |  | 25. PSL Due             |  |  | 26. Appropriation Number         |  |  | 27. Date Of Grade       |  |  |
| Mo. Da. Yr.<br>02 04 57           |  |  | Mo. Da. Yr.<br>02 09 58 |  |  | 8 3570 55 060                    |  |  | Mo. Da. Yr.<br>02 04 57 |  |  |

## ACTION

|                      |  |  |      |  |  |               |  |  |                      |  |  |      |  |  |                     |  |  |
|----------------------|--|--|------|--|--|---------------|--|--|----------------------|--|--|------|--|--|---------------------|--|--|
| 27. Nature Of Action |  |  | Code |  |  | 28. Eff. Date |  |  | 29. Type Of Employee |  |  | Code |  |  | 30. Separation Data |  |  |
| PROMOTION            |  |  | 30   |  |  | 06 29 58      |  |  | REGULAR              |  |  | 01   |  |  |                     |  |  |

## PRESENT ASSIGNMENT

|                                   |  |  |                         |  |  |                                  |  |  |                         |  |  |
|-----------------------------------|--|--|-------------------------|--|--|----------------------------------|--|--|-------------------------|--|--|
| 31. Organizational Designations   |  |  | Code                    |  |  | 32. Location Of Official Station |  |  | Station Code            |  |  |
| DDP WH<br>BRANCH 111              |  |  | 4652                    |  |  |                                  |  |  | 45075                   |  |  |
| 33. Dept. - Field                 |  |  | 34. Position Title      |  |  | 35. Position No.                 |  |  | 36. Serv.               |  |  |
| Dept - 1<br>USStd - 3<br>Frqn - 5 |  |  | Code<br>5               |  |  | MAIL AND FILE CLK                |  |  | 0510 GS                 |  |  |
| 37. Occup. Series                 |  |  | 38. Grade & Step        |  |  | 39. Salary Or Rate               |  |  | 40. SD                  |  |  |
| 0305.05                           |  |  | 05 1                    |  |  | \$ 4040                          |  |  | DS                      |  |  |
| 41. Date Of Grade                 |  |  | 42. PSL Due             |  |  | 43. Appropriation Number         |  |  | 44. Date Of Grade       |  |  |
| Mo. Da. Yr.<br>06 12 58           |  |  | Mo. Da. Yr.<br>06 12 59 |  |  | 8 3570 55 060                    |  |  | Mo. Da. Yr.<br>06 12 58 |  |  |

44. Remarks

POSTED

Cf



S E C R E T

GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE  
12 JANUARY 1958 AUTHORIZED BY P. L. 85 - 462 AND DCI  
DIRECTIVE. SALARY AS OF 15 JUNE 1958 ADJUSTED AS FOLLOWS

| NAME             | SERIAL | GRADE-STEP | OLD SALARY | NEW SALARY |
|------------------|--------|------------|------------|------------|
| PICCOLO JOSEPH S | 525658 | GS-04-2    | \$ 3,500   | \$ 3,850   |

GORDON M. STEWART  
/S/ DIRECTOR OF PERSONNEL

S E C R E T



**SECRET**  
(When Filled In)

### NOTIFICATION OF PERSONNEL ACTION

|                             |  |   |  |   |  |   |  |                                 |  |                                       |  |
|-----------------------------|--|---|--|---|--|---|--|---------------------------------|--|---------------------------------------|--|
| 1. Serial No.<br>525359     |  | 2. Name (Last-First-Middle)<br>PICCOLO JOSEPH S |  | 3. Date Of Birth<br>Mo. Da. Yr.<br>10 01 25 |  | 4. Vet. Prof.<br>None-0<br>5 Pt-1<br>10 Pt-2<br>0 |  | 5. Sex<br>M 1                   |  | 6. CS. EOD<br>Mo. Da. Yr.<br>02 04 57 |  |
| 7. SCD                      |  | 8. CSC Retmt.                                   |  | 9. CSC Or Other Legal Authority             |  | 10. Apmt. Allidav<br>Mo. Da. Yr.                  |  | 11. FEGLI<br>Yes-1<br>No-2<br>1 |  | 12. LCB<br>Mo. Da. Yr.<br>02 04 57    |  |
| 12. Mo. Da. Yr.<br>12 27 54 |  | Yes-1<br>No-2<br>1                              |  | Code<br>1                                   |  | 50 USCA 402 J                                     |  | Yes-1<br>No-2<br>1              |  | Code<br>02 04 57                      |  |

### PREVIOUS ASSIGNMENT

|   |  |                                       |  |                            |  |   |  |                              |  |                                       |  |
|---|--|---------------------------------------|--|----------------------------|--|---|--|------------------------------|--|---------------------------------------|--|
| 14. Organizational Designations<br>DDP FI<br>RECORDS INTEGRATION DIVISION<br>ANALYSIS AND OPERATIONS BRANCH<br>INDEX SECT. CH |  |                                       |  | Code                       |  | 15. Location Of Official Station<br>WASH. D. C. |  |                              |  | Station Code                          |  |
| 16. Dept. - Field<br>Dept. - 1<br>USfld - 3<br>Frqn - 5   |  | 17. Position Title<br>2<br>FILE CLERK |  | 18. Position No.<br>424 05 |  | 19. Serv.<br>GS                                 |  | 20. Occup. Series<br>0305.01 |  |                                       |  |
| 21. Grade & Step<br>04 1  |  | 22. Salary Or Rate<br>\$ 3415         |  | 23. SD<br>DS               |  | 24. Date Of Grade<br>Mo. Da. Yr.                |  | 25. PSI Due<br>Mo. Da. Yr.   |  | 26. Appropriation Number<br>8 2309 23 |  |

### ACTION

|   |  |            |  |  |  |                                 |  |            |  |                     |  |
|---|--|------------|--|--|--|---------------------------------|--|------------|--|---------------------|--|
| 27. Nature Of Action<br>REASSIGNMENT (TRANSFER TO<br>UNVOUCHERED FUNDS) |  | Code<br>01 |  | 28. Eff. Date<br>Mo. Da. Yr.<br>11 03 57 |  | 29. Type Of Employee<br>REGULAR |  | Code<br>01 |  | 30. Separation Data |  |
|---|--|------------|--|--|--|---------------------------------|--|------------|--|---------------------|--|

### PRESENT ASSIGNMENT

|   |  |  |  |                         |  |  |  |  |  |   |  |
|---|--|--|--|-------------------------|--|--|--|--|--|---|--|
| 31. Organizational Designations<br>DDP WH<br>BRANCH III |  |  |  | Code<br>451             |  | 32. Location Of Official Station<br>45075    |  |  |  | Station Code                              |  |
| 33. Dept. - Field<br>Dept. - 1<br>USfld - 3<br>Frqn - 5 |  | 34. Position Title<br>5<br>MAIL AND FILE CLERK |  | 35. Position No.<br>515 |  | 36. Serv.<br>GS                              |  | 37. Occup. Series<br>0305.05           |  |   |  |
| 38. Grade & Step<br>04 1                                |  | 39. Salary Or Rate<br>\$ 3415                  |  | 40. SD<br>DS            |  | 41. Date Of Grade<br>Mo. Da. Yr.<br>02 04 57 |  | 42. PSI Due<br>Mo. Da. Yr.<br>02 10 55 |  | 43. Appropriation Number<br>P 3570 55 0 0 |  |

44. Remarks  
SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.

FOOTNOTED  
61555  
*NR*

O. N. S. PART



**F.O.O. 20 Dec 1957**

## NOTIFICATION OF PERSONNEL ACTION 06391

20. 附錄 2 及 3.

FG: DUE 2/9/58

Personal Folder Requested 2-1-77  
 from 1-16-1  
 Initials 4

**FOR THE PURPOSES OF THIS ACT:**

Director of Foreign Affairs

**4. PERSONNEL FOLDER COPY**



**SECRET**  
CLASSIFICATION

**FITNESS REPORT**

**SECTION A 265 441 914 GENERAL INFORMATION**

|  |  |  |   |                                  |
|--|--|--|---|----------------------------------|
| 1. EMPLOYEE NUMBER<br><b>025658</b>                            | 2. NAME (Last, First, Middle)<br><b>Piccolo, Joseph S.</b> | 3. DATE OF BIRTH<br><b>8 Dec 35</b>            | 4. GRADE<br><b>GS-13</b>                    | 5. POST<br><b>DAG</b>            |
| 7. OFFICIAL POSITION<br><b>Ops Officer</b>                     |  | 8. TYPE OF APPOINTMENT<br><b>DDO/CI/O/C/LA</b> | 9. REPORTING STATION<br><b>Hqs</b>          | 10. LEA #<br><b>X</b>            |
| 11. TYPE OF APPOINTMENT  |  | 12. TYPE OF REPORT                             |   |                                  |
| <input checked="" type="checkbox"/> CAREER                     | <input type="checkbox"/> RESERVE                           | <input type="checkbox"/> TEMPORARY             | <input checked="" type="checkbox"/> INITIAL |                                  |
| <input type="checkbox"/> CONTRACT                              | <input type="checkbox"/> SPECIAL                           | <input type="checkbox"/> OTHER                 | <input checked="" type="checkbox"/> ANNUAL  |                                  |
|  |  | <input type="checkbox"/> REASSIGNMENT          |   | <input type="checkbox"/> SPECIAL |
| 13. REPORTING PERIOD (FROM-TO)<br><b>1 Oct 78 - 30 Sept 79</b> |  |  | 14. DATE REPORT DUE IN O.P.                 |                                  |

**SECTION B QUALIFICATIONS UPDATE**

IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT

**SECTION C PERFORMANCE EVALUATION**

|                         |  |
|-------------------------|--|
| <b>U-Unsatisfactory</b> | Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken & proposed in Section D. |
| <b>M-Marginal</b>       | Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.   |
| <b>P-Proficient</b>     | Performance is satisfactory. Desired results are being produced in the manner expected.  |
| <b>S-Strong</b>         | Performance is characterized by exceptional proficiency.   |
| <b>O-Outstanding</b>    | Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.   |

**SPECIFIC DUTIES**

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

|  |                                  |
|--|----------------------------------|
| <b>SPECIFIC DUTY NO. 1</b><br>Serve as senior CI coordinator for LA Division; to monitor the Division's CI activities; to provide guidance and support for its CI problems and operations. | <b>RATING LETTER</b><br><b>S</b> |
| <b>SPECIFIC DUTY NO. 2</b><br>Participate in Counterintelligence and Operational Security Surveys.   | <b>RATING LETTER</b><br><b>S</b> |
| <b>SPECIFIC DUTY NO. 3</b><br>Screen LA Division traffic containing items of CI significance; maintain liaison with other CI components of the USG; perform special CI case assignments.   | <b>RATING LETTER</b><br><b>S</b> |
| <b>SPECIFIC DUTY NO. 4</b><br>Maintain CI working files including basic information on the CI objectives of LA Division.   | <b>RATING LETTER</b><br><b>S</b> |
| <b>SPECIFIC DUTY NO. 5</b>   | <b>RATING LETTER</b>             |
| <b>SPECIFIC DUTY NO. 6</b>   | <b>RATING LETTER</b>             |

**OVERALL PERFORMANCE IN CURRENT POSITION**

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, responsiveness, pertinent personal traits or habits and particular limitations or talents. Based on your knowledge of employee's overall performance during this rating period place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

**RATING LETTER**

DERIVATIVE CL BY 057260

**SECRET**  
CLASSIFICATION



SECRET  
CLASSIFICATION

SECTION D

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

Dec 12 8 10 AM '79  
Mr. Piccolo's wide experience in LA Division and Cuban operations, his inquisitive instincts, his activist style, and his keen analytical skills, superbly qualify him to serve as the senior CI Staff coordinator for LA Division. One obvious measure of his strong, continued effectiveness, is that in any given week he receives more requests for guidance, CI file reviews, and other forms of CI support, than any of our other area division coordinators. On the other hand, because of his in-depth, across the board knowledge of LA's operational activities, he represents a unique resource to C/CI when the latter has to respond knowledgeably and rapidly to inquiries from the DDO level on LA related matters. On that score alone, C/CI has commented on his deep satisfaction with Mr. Piccolo's impressive performance.

During the year, Mr. Piccolo led the team which [redacted] and [redacted] and [redacted]. The final report was well received by the Division and the [redacted] of the team's [redacted]. As with other [redacted] reports, the [redacted] study was forwarded to the DDO and the DCI for their information. Mr. Piccolo is one of the more experienced [redacted] officers, having participated in or led [redacted] in AF and LA Divisions.

//continued//

SECTION E

CERTIFICATION AND COMMENTS

|   |  |
|---|--|
| 1. BY SUPERVISOR                                    |  |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION<br>14 | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION<br>Filing report meeting Profile<br>02513P M U |
| DATE<br>10 Dec 1979                                 | OFFICIAL TITLE OF SUPERVISOR<br>Chief, CI/OG/OC  |
| TYPED OR PRINTED NAME AND SIGNATURE                 |  |

|  |                   |
|--|-------------------|
| 2. BY EMPLOYEE   |                   |
| I HAVE <input type="checkbox"/> OR HAVE NOT <input checked="" type="checkbox"/> ATTACHED A STATEMENT CONCERNING THE SUPERVISOR'S EVALUATION OF MY PERFORMANCE. | DATE<br>10 Dec 79 |
| SIGNATURE OF EMPLOYEE<br><i>Joseph J. Piccolo</i>  |                   |

|  |  |
|--|--|
| 3. BY REVIEWING OFFICIAL   |  |
| COMMENTS OF REVIEWING OFFICIAL<br>Mr. Piccolo is a very competent, serious and ambitious officer. As the senior CI coordinator for LA Division, he has represented the Staff extremely well and, more importantly, has ensured rapid, professional and informed follow-up on counter-intelligence problems and leads in that active area. He knows his client division well, his advice and support are regularly sought, and he has an unusual ability to penetrate to the essentials of a given operational matter. All with whom he deals in LA Division hold him in high esteem. |  |

(continued)

|      |                                      |                                     |
|------|--------------------------------------|-------------------------------------|
| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
|      | C/CI/OG                              |                                     |

|  |   |
|--|---|
| 4. BY EMPLOYEE   |   |
| I CERTIFY I HAVE BEEN SHOWN THE ENTIRE CONTENTS OF THIS REPORT, I HAVE READ IT, AND I HAVE NO OBJECTION TO ITS CONTENTS. | SIGNATURE OF EMPLOYEE<br><i>Joseph J. Piccolo</i> |

SECRET  
CLASSIFICATION



**SECRET**

The operational traffic Mr. Piccolo screens for the "front office" is usually accompanied by pertinent insights on the significance of the development or event reported. He has been praised more frequently for his commentaries than any of our other coordinators, which is another reflection on his intimate familiarity with the LA operational scene. Numerous examples of his productive and versatile service to the Division and Staff can be cited but we will note for the sake of brevity only three to underscore our point. (1) For the past two years he has been the guiding and principal referent on a joint Agency/FBI proposal which would [redacted] to [redacted]

[redacted] His perseverance in shepherding the instrument through its various approval stages in the Agency and the Department of Justice, is finally paying off with the recent notification that the SCC/CI had informally approved the agreement. (2) This past summer Mr. Piccolo was temporarily assigned to assist NE Division as a consultant, because of his [redacted] expertise, in a case involving a [redacted]. Ultimately Mr. Piccolo participated directly in the [redacted] assessment process, and was a key factor in finally persuading the [redacted]. Finally (3), he has quite justifiably earned the reputation (per student critiques and faculty commentary) as one of the most effective instructors on the CI Staff. He lectures regularly in the CI and BOC courses, and participates in the [redacted] and [redacted] seminars for our military and FBI colleagues.

Again, Mr. Piccolo's performance during this past year, as in previous years, reflected a sustained superior effort, which, I am convinced, will continue to be the pattern in the future.

**SECTION E. REVIEWING COMMENTS (continued)**

Rating officer properly highlights Mr. Piccolo's determination and perseverance in pushing a major joint CIA-FBI program through Washington's often unbelievable bureaucracy. A lesser man would have thrown in the towel long ago. Mr. Piccolo, understanding the importance of this proposal, was determined to "hang in there;" success resulted.

A veteran CI [redacted] officer, Mr. Piccolo headed a team [redacted]

Major contamination via Philip Agee has severely limited this officer's ability to serve in his area of specialty, Latin America. Nonetheless, we need to identify in the not too distant future a challenging overseas assignment that will take advantage of his impressive operational skills and experience. He is patently an officer with highly developed on-the-street instincts and, if he is to achieve his considerable potential, needs additional overseas postings.

In the meantime we are fortunate indeed to have him on our Staff; he is one of our best. I unhesitatingly concur in the Rating Officer's letter grades and narrative comments.

**SECRET**



SECRET

14 March 1979

MEMORANDUM FOR: Mr. Joseph S. Piccolo, Jr.  
CI Staff/Operations Group  
Operations Coordination Branch/LA

SUBJECT : Letter of Instruction

General:

1. As the Latin America Division Coordinator for the Operations Coordination Branch, CI/OG, your basic duty is to serve as the initial and principal point of contact between the CI Staff and LA Division with respect to [redacted]

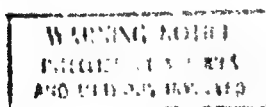
[redacted] While the position of Coordinator has certain liaison aspects it also requires that the incumbent, in support of the DDO's objective to reintegrate CI disciplines within the Operations Directorate, take an active role in stimulating CI practices and operations in LA Division. Accordingly, you are expected to be fully knowledgeable of the missions and responsibilities of the CI Staff (See DDO Notice No. 1-1339, dated 16 July 1975; DDO Notice No. 51-54, Coordination on Counterintelligence Matters, dated 4 May 1976); and in general the interests and activities of the other functional branches of the Operations Group as they relate to LA Division. To enable you to accomplish your specific duties you will be supported by an Assistant LA Coordinator.

Specific Duties:

2. As the LA Coordinator, your major continuing duties will be:

a. To develop close and effective working relationships with LA Division to ensure you are currently and fully aware of CI problems and activities in that Division; to provide LA Division with guidance and support for its counterintelligence operations.

b. To participate when requested in the planning and conduct of [redacted] and [redacted] [redacted] designated by the C/CI Staff.



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EXCLUDED FROM 14 MAR 99  
EXCLUDED FROM 00

SECRET



SECRET

c. To monitor and screen LA cable traffic and select items of CI significance for routing to appropriate CI Staff components, together with supplemental information as needed; to maintain liaison with other USG components as appropriate; to perform special assignments on CI cases as may be required by CI Staff.

d. To maintain CI working files, including basic information with respect to the CI Objectives of each LA Division Station.

e. To serve as back-up Coordinator for other divisions as may be required, and as your work schedule permits.

3. During your assignment to CI/OG/OCB Fitness Reports on your performance will be based on the provisions of this LOI. Any major changes in this LOI will be made in writing and will require your signature to be effective.

Chief, CI/OG/OC

I have read and understood the above.

  
Joseph S. Piccolo, Jr.  
LA Division CI Coordinator

14 Mar 79  
Date

SECRET



**SECRET**  
**CLASSIFICATION**

**FITNESS REPORT**

**SECTION A**

**GENERAL INFORMATION**

|   |   |                                    |   |  |                                       |
|---|---|------------------------------------|---|--|---------------------------------------|
| 1. EMPLOYEE NUMBER<br>025658                    | 2. NAME (Last, First, Middle)<br>PICCOLO, Joseph S. | 3. DATE OF BIRTH<br>8 Dec. 35      | 4. SEX<br>M   | 5. GRADE<br>GS-13                          | 6. SD<br>DAG                          |
| 7. CURRENT POSITION TITLE<br>Operations Officer |   | 8. DEPARTMENT<br>DIO/CIOC/LANE     | 9. CURRENT STATION<br>Hqs.                                | 10. CODE (SEE 1)                           | 11. DF                                |
| 12. TYPE OF APPOINTMENT                         |   | 13. TYPE OF REPORT                 |   |  |                                       |
| <input checked="" type="checkbox"/> CAPTER      | <input type="checkbox"/> RESERVE                    | <input type="checkbox"/> TEMPORARY | <input type="checkbox"/> INITIAL                          | <input checked="" type="checkbox"/> ANNUAL | <input type="checkbox"/> REASSIGNMENT |
| <input type="checkbox"/> CONTRACT               | <input type="checkbox"/> SPECIAL                    | <input type="checkbox"/> OTHER     | 14. REPORTING PERIOD (FROM-TO)<br>1 Oct. 77 - 30 Sept. 78 |  |                                       |
|   |   |                                    | 15. DATE REPORT DUE IN O.P.<br>October 78                 |  |                                       |

**SECTION B**

**QUALIFICATIONS UPDATE**

IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.

**SECTION C**

**PERFORMANCE EVALUATION**

|  |   |
|--|---|
| <input checked="" type="checkbox"/> Unsatisfactory | Performance is unsatisfactory. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D. |
| <input type="checkbox"/> Marginal                  | Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.  |
| <input type="checkbox"/> Satisfactory              | Performance is satisfactory. Desired results are being produced in the manner expected.   |
| <input type="checkbox"/> Superior                  | Performance is characterized by exceptional proficiency.  |
| <input type="checkbox"/> Outstanding               | Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.  |

**SPECIFIC DUTIES**

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

|  |                           |
|--|---------------------------|
| <b>SPECIFIC DUTY NO. 1</b> Maintain close working relationships with LA Division personnel in support of DIO counterintelligence operations and activities; and provide guidance and support in the furtherance of those activities. | <b>RATING LETTER</b><br>S |
| <b>SPECIFIC DUTY NO. 2</b> Assist in the review and coordination of [redacted] cases in your geographic area which are [redacted] and other U.S. agencies; and help manage certain select foreign CI cases.                          | <b>RATING LETTER</b><br>S |
| <b>SPECIFIC DUTY NO. 3</b> Monitor [redacted] in your geographic area.   | <b>RATING LETTER</b><br>S |
| <b>SPECIFIC DUTY NO. 4</b> Participate in the LAST Section contribution to an overall CI Staff annual evaluation of counterintelligence programs in LA Division [redacted]   | <b>RATING LETTER</b><br>S |
| <b>SPECIFIC DUTY NO. 5</b> Screen non-restricted DIO operational telecommunications for [redacted] of CI significance.   | <b>RATING LETTER</b><br>S |
| <b>SPECIFIC DUTY NO. 6</b>   | <b>RATING LETTER</b>      |

**OVERALL PERFORMANCE IN CURRENT POSITION**

Indicate overall performance during the reporting period. Consider the employee's performance in the current position and in performance of specific duties. Performance should be based on job responsibilities, performance in terms of quality and quantity of work, and performance in relation to others. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the description which most closely reflects the level of performance.

**RATING LETTER**

**Rating**



S E C R E T  
CLASSIFICATION

**SECTION D NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and responsibility in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

During the period under review Mr. Piccolo was the senior referent in the Branch for LA Division affairs. In this capacity he functioned most effectively and efficiently, and fully exploited his more than 17 year's association with LA Division.

With respect to Specific Duties, No's 3 and 5 are pretty much self explanatory and are the bread-and-butter type activities that provide you a data base for approaching other responsibilities and keep you au courant of operational conditions. There is no rating for No. 4 as this activity this year was handled by O/C/CI.

In terms of Specific Duty No. 1., Mr. Piccolo has had several field station assignments in LA Division plus several at Headquarters. He maintains close and continuing contact with country desks and staff officers and when appropriate has initiated operational comments and suggestions. For example, when reviewing the traffic from an [redacted] reporting source [redacted]

[redacted] and sent forward a memorandum outlining these indications to COG while deferring to them for further action. On another occasion when a [redacted] he again approached COG

-Continued -

**SECTION E CERTIFICATION AND COMMENTS**

**1. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

12

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

5

DATE

1 Dec 78

OFFICIAL TITLE OF SUPERVISOR

DC/OG/OCB

TYPE

**2. BY EMPLOYEE**

I HAVE ☐ OR HAVE NOT ☒ ATTACHED A STATEMENT CONCERNING THE SUPERVISOR'S EVALUATION OF MY PERFORMANCE.

DATE

1 Dec 78

SIGNATURE OF EMPLOYEE

Joseph S. Piccolo

**3. BY REVIEWING OFFICIAL**

**COMMENTS OF REVIEWING OFFICIAL**

This Fitness Report is one of the most thorough and balanced from a substantive view which I have reviewed in some time. I find it to be accurate from my perspective and reflects my own contention that Mr. Piccolo is for his grade one of the most productive, aggressive and versatile officers we have in the DO.

Earlier this year Mr. Piccolo received a QSI in recognition of his fine performance on the CI Staff during the previous year. There is no question that a sustained superior effort on Mr. Piccolo's part will continue to be the pattern in the future. He has a prosperous career ahead of him.

DATE

1 December 1978

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief, CI/O/C

TYPED OR PRINTED NAME AND SIGNATURE

**4. BY EMPLOYEE**

SIGNATURE OF EMPLOYEE

CLASSIFICATION



S E C R E T

Continuation of Fitness

Joseph S. Piccolo

and outlined to them the reasons he believed the [redacted]  
[redacted] COG agreed to withhold any attempts at operational exploitation  
[redacted]

With respect to Duty No. 2, usually focused on the activities of [redacted] while his colleague focused on those of [redacted]. In any event, each could readily fill in as substitute if the other were absent. The range of operational initiatives available to us in these cases is, for the most part, limited and our main in-put is in terms of area knowledge and operational experience. Nevertheless, Mr. Piccolo did address himself to the problem of coverage of [redacted] when travelling overseas and drafted a general consent agreement for [redacted].

The suggestion is in the hands of the military services the FBI and Agency legal authorities and its ultimate fate is not known.

In terms of ad hoc assignments Mr. Piccolo has participated in two [redacted] Surveys, in [redacted]. In both instances he was the team leader. A [redacted] by and

determine the capabilities [redacted]

[redacted] and to [redacted] The [redacted] are time consuming and taxing, requiring a review of all pertinent Headquarters files, [redacted]

operational personnel, and [redacted] that may run as few as fifty pages or more than one hundred. The reports are addressed [redacted] the DDO, although the DCI has instructed that he be routinely included on the distribution of each report. Mr. Piccolo's level of performance is reflected in the fact that [redacted] was his [redacted]

In another ad hoc activity Mr. Piccolo was responsible for retrieving a proposal regarding joint activities with the FBI in [redacted] from the Bench Mark paper being submitted to the National Security Council/Special Coordination Committee NSC/SCC) on counterintelligence programs, and suggesting that it be submitted jointly with the FBI to appropriate USC authorities. This suggestion is currently being implemented and in so doing has required consultation and meetings with the FBI from the working level to very senior officers.

Mr. Piccolo is an experienced and professional officer requiring a minimum of supervision. He is aggressive, imaginative and has demonstrated his initiative. He writes well and is even stronger in his verbal skills. He can defend his position vigorously and skillfully but is disciplined and will accept the final decision if contrary to his own view without grumbling. He has an engaging personality. I would be happy to serve with him again either at HQS or overseas.

S E C R E T



**SECRET**

1 September 1978

MEMORANDUM FOR: Mr. Joseph S. Piccolo  
CI/LANE Section

SUBJECT : Letter of Instruction

**I. Introduction**

This LOI is intended to provide you with the general missions and goals of the Operations Coordination Branch (CI/OC) and the specific duties which you, as an officer in the LANE Section, have been assigned.

**II. Operations Coordination Branch - General Missions and Goals**

CI/OC is responsible for monitoring and coordinating the [ ] activities of CIA and other U.S. agencies, and providing appropriate support and guidance to such activities. It conducts [ ] of Directorate [ ] and manages certain select, [ ] CI operations. It [ ] and [ ] the necessary approvals for the operational use of all [ ] and assists in the [ ] of [ ] for CI purposes. It contributes critiques annually to EPDS on the progress of [ ] and in general monitors the [ ] of CIA elements in accordance with the pertinent provisions of Executive Order 12036.

III. The Operations Group was reorganized in December 1977 and its functions and responsibilities were restructured along geographic lines. The effect was an amalgamation of the former Area Operations Branch and the functional branches into three geographic components consisting of an EAAF Section, a EURFR Section, and a LANE Section. Also at that time, the Clearance Section, formerly the Ops Clearance Branch, R&A Group, was transferred to CI/OC.

**IV. Specific Duties**

As an officer in the LANE Section, CI/OC, your duties are as follows.

F2 IMPDET  
CL BY 057250



1. Develop and maintain close and effective working relationships with LA Division personnel in support of DDO counterintelligence operations and activities; and to provide guidance and support in the furtherance of those operations and activities.

2. To screen non-restricted DDO operational telecommunications in the LA area for selection and routing of items of CI significance to appropriate Branch and Staff officers.

3. To assist in the review and coordination, in conjunction with the central referent, of [redacted] cases in your geographic area which are [redacted] and other U.S. agencies; and to help manage certain select, foreign CI cases.

4. To monitor [redacted] in your geographic area, including [redacted] and [redacted]

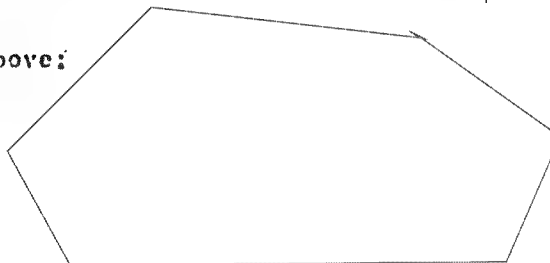
5. To participate in the LANE Section contribution to an overall CI Staff annual evaluation of the counterintelligence program conducted under the Operating Directive of the [redacted] LA area.

During your tour with CI/OC fitness reports on your performance will be prepared and based on the provisions of this LOI. Any major changes in your duties will be made in writing with your concurrence and will require your signature to be effective.

I have read and understood the above:

Joseph S. Piccolo  
Joseph S. Piccolo

1 Sept 78  
Date





~~SECRET~~

1 September 1978

MEMORANDUM FOR: Mr. Joseph S. Piccolo  
CI/LANE Section

SUBJECT : Letter of Instruction

I. Introduction

This LOI is intended to provide you with the general missions and goals of the Operations Coordination Branch (CI/OC) and the specific duties which you, as an officer in the LANE Section, have been assigned.

II. Operations Coordination Branch - General Missions and Goals

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III. The Operations Group was reorganized in December 1977 and its functions and responsibilities were restructured along geographic lines. The effect was an amalgamation of the former Area Operations Branch and the functional branches into three geographic components consisting of an EAAF Section, a EURFR Section, and a LANE Section. Also at that time, the Clearance Section, formerly the Ops Clearance Branch, R&A Group, was transferred to CI/OC.

IV. Specific Duties

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12 IMPDET  
CL BY 057250



1. Develop and maintain close and effective working relationships with LA Division personnel in support of DDO counterintelligence operations and activities; and to provide guidance and support in the furtherance of those operations and activities.

2. To screen non-restricted DDO operational telecommunications in the LA area for selection and routing of items of CI significance to appropriate Branch and Staff officers.

3. To assist in the review and coordination, in conjunction with the central referent, of [redacted] cases in your geographic area which are [redacted] and other U.S. agencies; and to help manage certain select, foreign CI cases.

4. To monitor [redacted] in your geographic area, including [redacted] and [redacted] and [redacted]

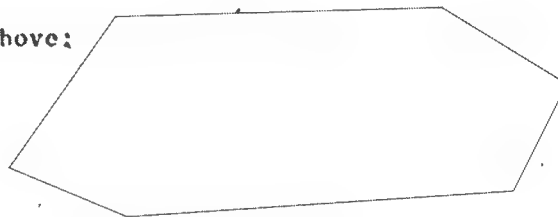
5. To participate in the LANE Section contribution to an overall CI Staff annual evaluation of the counterintelligence program conducted under the Operating Directive of the [redacted] LA area.

During your tour with CI/OC fitness reports on your performance will be prepared and based on the provisions of this LOI. Any major changes in your duties will be made in writing with your concurrence and will require your signature to be effective.

I have read and understood the above:

Joseph S. Piccolo  
Joseph S. Piccolo

1 Sept 78  
date





**SECRET**  
CLASSIFICATION

| FITNESS REPORT  |  |   |  |   |                                     |   |                    |   |                          |  |
|---|--|---|--|---|-------------------------------------|---|--------------------|---|--------------------------|--|
| <b>SECTION A GENERAL INFORMATION</b>  |  |   |  |   |                                     |   |                    |   |                          |  |
| 1. EMPLOYEE NUMBER<br><b>025658</b>   |  | 2. NAME (Last, First, Middle)<br><b>Piccolo, Joseph</b> |  |   | 3. DATE OF BIRTH<br><b>8 Dec 35</b> |   | 4. SEX<br><b>M</b> |   | 5. GRADE<br><b>GS-13</b> |  |
| 7. OFFICIAL POSITION TITLE<br><b>Operations Officer</b>   |  |   | 8. OFF/DIV/BR OF ASSIGNMENT<br><b>DDO/CI/OG/SO</b> |   |                                     | 9. CHIEF OF STATION<br><b>HQS</b>                           |                    | 10. DUTY (EA 11)<br><b>XX HQS</b>                 |                          |  |
| 11. TYPE OF APPOINTMENT   |  |   |  |   | 12. TYPE OF REPORT                  |   |                    |   |                          |  |
| <input checked="" type="checkbox"/> <b>CAREER</b>   |  | <input type="checkbox"/> <b>RESERVE</b>                 |  | <input type="checkbox"/> <b>TEMPORARY</b> |                                     | <input type="checkbox"/> <b>INITIAL</b>                     |                    | <input checked="" type="checkbox"/> <b>ANNUAL</b> |                          |  |
| <input type="checkbox"/> <b>CONTRACT</b>  |  | <input type="checkbox"/> <b>SPECIAL</b>                 |  | <input type="checkbox"/> <b>OTHER</b>     |                                     | 13. REPORTING PERIOD (FROM-TO)<br><b>1 Oct 76-30 Sep 77</b> |                    | 14. DATE REPORT DUE IN O.P.<br><b>31 Oct 77</b>   |                          |  |
| <b>SECTION B QUALIFICATIONS UPDATE</b>  |  |   |  |   |                                     |   |                    |   |                          |  |
| IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.   |  |   |  |   |                                     |   |                    |   |                          |  |
| <b>SECTION C PERFORMANCE EVALUATION</b>   |  |   |  |   |                                     |   |                    |   |                          |  |
| <b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.<br><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.<br><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.<br><b>S-Strong</b> Performance is characterized by exceptional proficiency.<br><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition. |  |   |  |   |                                     |   |                    |   |                          |  |
| <b>SPECIFIC DUTIES</b>  |  |   |  |   |                                     |   |                    |   |                          |  |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).  |  |   |  |   |                                     |   |                    |   |                          |  |
| SPECIFIC DUTY NO. 1<br><b>Operations officer for [ ] CI project.</b>  |  |   |  |   |                                     |   |                    | RATING LETTER<br><b>S</b>                         |                          |  |
| SPECIFIC DUTY NO. 2<br><b>Case officer for CI/FBI project involving extensive [ ] travel.</b>   |  |   |  |   |                                     |   |                    | RATING LETTER<br><b>O</b>                         |                          |  |
| SPECIFIC DUTY NO. 3<br><b>Investigation and [ ] derived from Agency and/or [ ] operations.</b>  |  |   |  |   |                                     |   |                    | RATING LETTER<br><b>S</b>                         |                          |  |
| SPECIFIC DUTY NO. 4<br><b>Ad hoc assignments; i.e. CI [ ] CI training of [ ] etc.</b>   |  |   |  |   |                                     |   |                    | RATING LETTER<br><b>O</b>                         |                          |  |
| SPECIFIC DUTY NO. 5<br><b>To serve as Acting Branch Chief.</b>  |  |   |  |   |                                     |   |                    | RATING LETTER<br><b>S</b>                         |                          |  |
| SPECIFIC DUTY NO. 6   |  |   |  |   |                                     |   |                    | RATING LETTER                                     |                          |  |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>  |  |   |  |   |                                     |   |                    |   |                          |  |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits and particularly limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.   |  |   |  |   |                                     |   |                    | RATING LETTER<br><b>S</b>                         |                          |  |

FORM 45  
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061197  
12. UNPOST CI BY

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**SECTION D**

**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

Mr. Piccolo is an integral part of the Special Operations Branch which, in way of explanation, is charged with undertaking [redacted] assigned by Chief, CI; it is also responsible for a variety of ad hoc requirements not normally found elsewhere in the DDO which require the [redacted] and in rendering support to the [redacted] Mr. Piccolo in the fulfillment of these assorted tasks of the Branch has demonstrated discretion, tact, flexibility, open mindedness, operational knowhow and good common sense. He is viewed as a highly experienced, completely dependable officer, requiring a minimum of supervision. He does, however, know when to seek guidance and accepts it with good cheer. His approach to operational problems is based on a solid appreciation of what is required and is not afraid to express his views on a problem when necessary, but he will implement a decision once made. These attributes coupled with his fairness, single minded approach to his work and dedication, mark him as a professional in the true sense of the word.

/Continued/

**SECTION E**

**CERTIFICATION AND COMMENTS**

**1. BY SUPERVISOR**

|  |  |
|--|--|
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION<br><br><div style="text-align: center; font-size: 1.2em;">15</div> | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION<br><br><div style="height: 20px;"></div> |
| DATE<br><div style="font-size: 1.1em;">25 October 1977</div>   | OFFICIAL TITLE OF SUPERVISOR<br><div style="font-size: 1.1em;">AC/CI/OG/SO</div>                         |

**2. BY EMPLOYEE**

|  |  |   |
|--|--|---|
| I HAVE <input type="checkbox"/> OR HAVE NOT <input checked="" type="checkbox"/> ATTACHED A STATEMENT CONCERNING THE SUPERVISOR'S EVALUATION OF MY PERFORMANCE. | DATE<br><div style="font-size: 1.1em;">25 OCT 77</div> | SIGNATURE OF EMPLOYEE<br><div style="font-size: 1.1em;">Joseph S. Piccolo</div> |
|--|--|---|

**3. BY REVIEWING OFFICIAL**

**COMMENTS OF REVIEWING OFFICIAL**

I have known Mr. Piccolo since early this year and have been much impressed by his professionalism, conscientiousness and capacity for just plain hard work. He has done everything that we have asked him to do quickly and well. His work both on the [redacted] CI project mentioned by the rating officer and on several [redacted] has been consistently first-rate. He thinks well and he writes well. Based on his broad field experience, his language skill and his deep dedication to the Agency, he would appear to have considerable growth potential. He is one of our very best officers. I unhesitatingly concur in the rating officer's letter grades and narrative comments.

|  |  |  |
|--|--|--|
| DATE<br><div style="font-size: 1.1em;">26 OCT 1977</div> | OFFICIAL TITLE OF REVIEWING OFFICIAL<br><div style="font-size: 1.1em;">Chief, CI Ops Group</div> |  |
|--|--|--|

**4. BY EMPLOYEE**

|  |   |
|--|---|
| I CERTIFY I HAVE BEEN SHOWN THIS REPORT AND I HAVE <input checked="" type="checkbox"/> OR HAVE NOT <input type="checkbox"/> ATTACHED A STATEMENT CONCERNING THE REVIEWING OFFICIAL'S EVALUATION OF MY PERFORMANCE. | SIGNATURE OF EMPLOYEE<br><div style="font-size: 1.1em;">Joseph S. Piccolo</div> |
|--|---|

CLASSIFICATION  
**SECRET**



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FITNESS REPORT  
October 1977

Joseph S. Piccolo

## SECTION D NARRATIVE COMMENTS - /Continued/

In addressing the specific duties, Mr. Piccolo has been engaged during the past year in the [ ] of a [ ] which has resulted in a [ ] of some [ ]. In the furtherance of this project he supervised, with an even hand, one intelligence assistant. Mr. Piccolo has been called upon to support CI activities requiring [ ] in support of joint Agency and [ ] objectives. He executed these assignments with a singular degree of professionalism. Recently he organized and ran a CI training course [ ]. This required the preparation of course material in [ ] and personally delivering lectures in the [ ] language. The Station described this effort as an outstanding contribution to the current task of [ ] into an efficient and effective counterintelligence organization. More recently, based on previous experience and participation in CI [ ] he has been designated to head a CI [ ] team going to [ ]. Finally, during the period of this report, due to the absence of the Branch Chief, Mr. Piccolo has served well as the Acting Branch Chief and during his tenure kept work flowing smoothly, efficiently and without change of pace. To sum up, Mr. Piccolo is in the opinion of this rater a solid first class officer whose judgment is totally dependable and whose accomplishments have been significant. We would commend Mr. Piccolo for any assignment in field operations above any of his peers.



SECRET

25 October 1977

MEMORANDUM FOR: Joseph S. Piccolo, Jr.

SUBJECT : Letter of Instruction

Dear Mr. Piccolo:

This Letter of Instruction sets forth your responsibilities and duties as an operations officer assigned to the Counterintelligence Staff. Your performance of the duties described below will serve as the basis of the preparation of your fitness report. Any questions, clarification or elaboration regarding these instructions should be discussed with the Chief, CI/OG/SO and/or Chief, CI/OG.

General

1. Working under the supervision of the Chief, CI/OG/SO, you are responsible for the initiation, coordination and support of certain counterintelligence operations [redacted] and [redacted] CIA) as well as any [redacted] with which CIA [redacted] To do this effectively you will be expected to develop and maintain close working contact with other components of this Agency as well as officers of other U.S. agencies involved in counterintelligence.

2. Through perusal of pertinent cable traffic and other available data you should keep abreast on a continuing basis of the activities, personnel and political factors affecting the [redacted] as well as problems which confront [redacted] and Agency [redacted] It is further expected that you will contribute sound operational planning and participate actively in decisions reached concerning those counterintelligence operations assigned to you. You will also be expected to keep your immediate supervisor fully informed of all major developments and problems of an operational or administrative nature.



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3. In the absence of the Chief and/or Deputy Chief, CI/OG/SO, you will act in his place, assuming all the responsibilities and duties of that job.

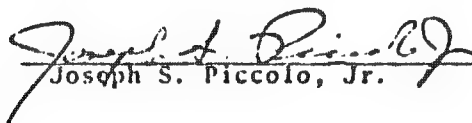
Duties

4. In fulfilling your responsibilities you will be expected to perform the following duties:

- a. Operations officer for [ ] CI project.
- b. Case officer for [ ] project [ ] and [ ]
- c. Investigation and exploitation of CI [ ] from Agency and/or [ ] operations.
- d. Ad hoc assignments; i.e. CI [ ] CI training of [ ] etc.
- e. To serve as Acting Branch Chief.

[ ]  
Chief, CI Staff  
Operations Group

I have read and understood the above.

  
Joseph S. Piccolo, Jr.

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SECRET



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CLASSIFICATION

| FITNESS REPORT   |  |  |                    |                                    |                     |   |  |  |  |
|--|--|--|--------------------|------------------------------------|---------------------|---|--|--|--|
| <b>SECTION A GENERAL INFORMATION</b>   |  |  |                    |                                    |                     |   |  |  |  |
| 1. EMPLOYEE NUMBER<br><b>025658</b>  | 2. NAME (Last, first, middle)<br><b>Piccolo, Joseph S.</b> | 3. DATE OF BIRTH<br><b>12/08/35</b>                          | 4. SEX<br><b>M</b> | 5. GRADE<br><b>GS-13</b>           | 6. SO<br><b>DQG</b> |   |  |  |  |
| 7. OFFICIAL POSITION TITLE<br><b>Operations Officer</b>  |  | 8. DUTY DIV/BR OF ASSIGNMENT<br><b>DDO/CI/OG/AO &amp; SO</b> |                    | 9. CURRENT STATION<br><b>HQS</b>   |                     | 10. CODE (CA, F)<br><input checked="" type="checkbox"/> HQS <input type="checkbox"/> DF |  |  |  |
| 11. TYPE OF APPOINTMENT  |  |  |                    | 12. TYPE OF REPORT                 |                     |   |  |  |  |
| <input checked="" type="checkbox"/> CAREER   |  | <input type="checkbox"/> RESERVE                             |                    | <input type="checkbox"/> TEMPORARY |                     | <input type="checkbox"/> INITIAL  |  | <input checked="" type="checkbox"/> ANNUAL |  |
| <input type="checkbox"/> CONTRACT  |  | <input type="checkbox"/> SPECIAL                             |                    | <input type="checkbox"/> OTHER     |                     | <input type="checkbox"/> REASSIGNMENT   |  | <input type="checkbox"/> SPECIAL           |  |
| 13. REPORTING PERIOD (FROM-TO)<br><b>01/12/76 - 09/30/76</b>   |  |  |                    |                                    |                     | 14. DATE REPORT DUE IN O.P.<br><b>October 1976</b>                                      |  |  |  |
| <b>SECTION B QUALIFICATIONS UPDATE</b>   |  |  |                    |                                    |                     |   |  |  |  |
| IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.  |  |  |                    |                                    |                     |   |  |  |  |
| <b>SECTION C PERFORMANCE EVALUATION</b>  |  |  |                    |                                    |                     |   |  |  |  |
| <p><b>U—Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.</p> <p><b>M—Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.</p> <p><b>P—Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S—Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O—Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |  |  |                    |                                    |                     |   |  |  |  |
| <b>SPECIFIC DUTIES</b>   |  |  |                    |                                    |                     |   |  |  |  |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).   |  |  |                    |                                    |                     |   |  |  |  |
| SPECIFIC DUTY NO. 1  |  |  |                    |                                    |                     |   |  | RATING LETTER                              |  |
| Conduct CI <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>  |  |  |                    |                                    |                     |   |  | S  |  |
| SPECIFIC DUTY NO. 2  |  |  |                    |                                    |                     |   |  | RATING LETTER                              |  |
| To serve as acting branch chief  |  |  |                    |                                    |                     |   |  | S  |  |
| SPECIFIC DUTY NO. 3  |  |  |                    |                                    |                     |   |  | RATING LETTER                              |  |
| To serve as operations officer for <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> CI project.  |  |  |                    |                                    |                     |   |  | S  |  |
| SPECIFIC DUTY NO. 4  |  |  |                    |                                    |                     |   |  | RATING LETTER                              |  |
| To case officer a CI project <span style="border: 1px solid black; display: inline-block; width: 250px; height: 1.2em; vertical-align: middle;"></span>  |  |  |                    |                                    |                     |   |  | S  |  |
| SPECIFIC DUTY NO. 5  |  |  |                    |                                    |                     |   |  | RATING LETTER                              |  |
|  |  |  |                    |                                    |                     |   |  |  |  |
| SPECIFIC DUTY NO. 6  |  |  |                    |                                    |                     |   |  | RATING LETTER                              |  |
|  |  |  |                    |                                    |                     |   |  |  |  |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>   |  |  |                    |                                    |                     |   |  |  |  |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperation, personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.   |  |  |                    |                                    |                     |   |  | RATING LETTER                              |  |
|  |  |  |                    |                                    |                     |   |  | S  |  |



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SECTION D

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and "good" consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

Mr. Piccolo joined the CI Staff at his initiative and has served in several different roles in the period of this report. These included positions as [ ] officer in the Area Operations Branch for six months, operations officer in the Special Operations Branch for three months and then acting chief of that branch for two months. Overall he has performed his duties in these positions with efficiency and thoroughness.

During the six month period Mr. Piccolo was assigned to the Area Operations Branch, his duties consisted of participation in CI [ ] of two [ ]  
e.g., [ ] By way of explanation, a CI [ ] is defined  
as an [ ]

[ ] The [ ] are [ ] of [ ] operations officers and their final report may be 100 or more pages in length. The report is addressed to the DDO and the Area Division Chief and gives them a detailed CI profile [ ]

(CONTINUED)

SECTION E

CERTIFICATION AND COMMENTS

1. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

14 DEC 1976

OFFICIAL TITLE OF SUPERVISOR

DC/CI Staff Ops Group

2. BY EMPLOYEE

I HAVE ☐ OR HAVE NOT ☐ ATTACHED A STATEMENT CONCERNING THE SUPERVISOR'S EVALUATION OF MY PERFORMANCE.

DATE

14 DEC 1976

SIGNATURE OF EMPLOYEE

Joseph S. Piccolo

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I fully concur with the comments of the supervisor. I have been most pleased with the manner in which Mr. Piccolo has moved in and taken over the management of his branch in the absence of the branch chief who departed with little warning. Mr. Piccolo is a hard-nosed, honest evaluator of CI problems. He has, however, the ability to manage problems and people with tact and professionalism.

DATE

14 DEC 1976

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief, CI Staff Ops Group

TYPED OR PRINTED NAME AND SIGNATURE

Lawrence M. Sternfield

4. BY EMPLOYEE

I HAVE ☐ OR HAVE NOT ☐ ATTACHED A STATEMENT CONCERNING THE SUPERVISOR'S EVALUATION OF MY PERFORMANCE.

DATE

14 DEC 1976

SIGNATURE OF EMPLOYEE

Joseph S. Piccolo

CLASSIFICATION



S E C R E T

FITNESS REPORT

Joseph S. Piccolo, Employee #025658

SECTION D - NARRATIVE COMMENTS (Continued)

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The [ ] which Mr. Piccolo helped [ ] varying [ ] and [ ] In both instances, however, the [ ] aspect of the [ ] the thoroughness and understanding with which they [ ] and commented on the usefulness and practicality of the [ ] recommendations. It should be noted that these cables had considerable impact on DDO management and were used widely in the extension of the [ ]

Although Mr. Piccolo's field exposure has been exclusively in the Latin American area, he has a widely varied operational background, having served in varying operational capacities [ ]

[ ] His personality is positive and outgoing, and in most instances he is able to initiate very quickly a [ ] He is adaptable in outlook and reads quickly and with understanding; qualities almost indispensable in an [ ] In sum, Mr. Piccolo [ ] with enthusiasm and a sense of responsibility, completed his written report (he had a different partner in each case) promptly and accurately. He undoubtedly would have been [ ] except his temporary tour ended and he was assigned permanently elsewhere in the Staff.

In his duties in the Special Operations Branch, Mr. Piccolo has excelled in his management responsibilities in the sense of both getting the work out of his people and in getting along with them. He is on good terms with all of them. He has shown good CI mentality and a thoroughness which is essential to good CI work. His dedication to his work is shown by his punctuality in the morning and his presence in his office well after five most evenings. His production as operations officer has been steady and thorough for both of the projects for which he has responsibility. Unfortunately, he experienced a period of ill health following a hectic TDY; however, he returned to duty at the first opportunity and resumed his duties with vigor. His versatility was recently demonstrated by his participation in a joint meeting with [ ] over a period of several days and evenings during which he proved fully effective in achieving Agency objectives in a [ ] and social environment.

The most impressive aspect of Mr. Piccolo's performance and one deserving special mention in this fitness report is his ability with the written word. It is fully accurate to say that the [ ] reports to which he contributed were much better written than were those of his peers. He has the ability to describe an operational situation in terms which are at the same time meaningful, concise and easy to read. It is a pleasure to read his material and to compliment him on this ability in this report.

S E C R E T



SECRET

15 December 1976

MEMORANDUM FOR: Joseph S. Piccolo, Jr.

SUBJECT: Letter of Instruction

Dear Mr. Piccolo:

This Letter of Instruction sets forth your responsibilities and duties as an operations officer assigned to the Counterintelligence Staff. Your performance of the duties described below will serve as the basis of the preparation of your fitness report. Any questions, clarification or elaboration regarding these instructions should be discussed with the Chief, CI/OG/SO and/or Chief, CI/OG.

General

1. Working under the supervision of the Chief, CI/OG/SO, you are responsible for the initiation, coordination and support of certain [redacted]

[redacted] To do this effectively you will be expected to develop and maintain close working contact with other components of this Agency as well as officers of other U.S. agencies involved in counterintelligence.

2. Through perusal of pertinent cable traffic and other available data you should keep abreast on a continuing basis of the activities, personnel and political factors affecting the [redacted] as well as problems which confront [redacted] and Agency [redacted] It is further expected that you will contribute sound operational planning and participate actively in decisions reached concerning those counterintelligence operations assigned to you. You will also be expected to keep your immediate supervisor fully informed of all major developments and problems of an operational or administrative nature.

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3. In the absence of the Chief and/or Deputy Chief, CI/OG/SO, you will act in his place, assuming all the responsibilities and duties of that job.

Duties

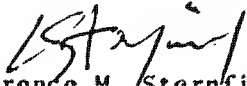
4. In fulfilling your responsibilities you will be expected to perform the following duties:

a. To carry out ad hoc operational requirements as may be assigned such as the [redacted]

b. To serve as Branch Chief or Deputy Branch Chief as required in the absence of the incumbent.

c. To serve as the Headquarters case officer for certain highly sensitive CI operations.

d. [redacted]

  
Lawrence M. Sternfield  
Chief, CI Staff  
Operations Group

I have read and understood the above.

  
Joseph S. Piccolo, Jr.

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|  |   |                                    |                                 |  |                                   |  |                                  |       |
|--|---|------------------------------------|---------------------------------|--|-----------------------------------|--|----------------------------------|-------|
| <b>FITNESS REPORT</b>  |   |                                    |                                 | NOTE: Supervisor or Reviewing Official may assign a higher classification if CONFIDENTIAL is not adequate for the report when completed. |                                   |  |                                  |       |
| <b>SECTION A. GENERAL INFORMATION</b>  |   |                                    |                                 |  |                                   |  |                                  |       |
| 1. EMPLOYEE NUMBER   |   | 2. NAME (last, first, middle)      |                                 |  | 3. DATE OF BIRTH                  | 4. SEX   | 5. GRADE                         | 6. SD |
|  |   | Joseph S. Piccolo                  |                                 |  | 8 Dec 1935                        | M  | GS-13                            | D     |
| 7. OFFICIAL POSITION TITLE   |   |                                    |                                 | 8. OFF. DIV/BR OF ASSIGNMENT   |                                   | 9. CURRENT STATION                               |                                  |       |
| Operations Officer   |   |                                    |                                 |  |                                   |  |                                  |       |
| 10. TYPE OF APPOINTMENT  |   |                                    |                                 | 11. TYPE OF REPORT   |                                   |  |                                  |       |
| <input checked="" type="checkbox"/> CAREER   | <input type="checkbox"/> CAREER PROVISIONAL | <input type="checkbox"/> RESERVE   | <input type="checkbox"/> ANNUAL | <input type="checkbox"/> 21-MONTH  | <input type="checkbox"/> 30-MONTH | <input checked="" type="checkbox"/> REASSIGNMENT | <input type="checkbox"/> SPECIAL |       |
| <input type="checkbox"/> CONTRACT  | <input type="checkbox"/> SPECIAL            | <input type="checkbox"/> TEMPORARY | 12. REPORTING PERIOD (From-to)  |  | 13. DATE REPORT DUE IN O.P.       |  |                                  |       |
|  |   | 21 Jan - 7 Aug 1975                |                                 |  |                                   |  |                                  |       |
| <b>SECTION B. PERFORMANCE EVALUATION</b>   |   |                                    |                                 |  |                                   |  |                                  |       |
| <p><b>U—Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M—Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P—Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S—Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O—Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |   |                                    |                                 |  |                                   |  |                                  |       |
| <b>SPECIFIC DUTIES</b>   |   |                                    |                                 |  |                                   |  |                                  |       |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).   |   |                                    |                                 |  |                                   |  |                                  |       |
| SPECIFIC DUTY NO. 1  |   |                                    |                                 |  |                                   | RATING LETTER                                    |                                  |       |
| Responsible for the Station's Operational Program targetted against [ ] and [ ] target   |   |                                    |                                 |  |                                   | S  |                                  |       |
| SPECIFIC DUTY NO. 2  |   |                                    |                                 |  |                                   | RATING LETTER                                    |                                  |       |
| Conducts daily [ ] and operational support for Station [ ] efforts and to assess and cultivate [ ] or other [ ]  |   |                                    |                                 |  |                                   | S  |                                  |       |
| SPECIFIC DUTY NO. 3  |   |                                    |                                 |  |                                   | RATING LETTER                                    |                                  |       |
| Cultivates a [ ] target for eventual [ ]   |   |                                    |                                 |  |                                   | S  |                                  |       |
| SPECIFIC DUTY NO. 4  |   |                                    |                                 |  |                                   | RATING LETTER                                    |                                  |       |
| Acts as DCOS and, in the absence of the COS, as ACOS   |   |                                    |                                 |  |                                   | S  |                                  |       |
| SPECIFIC DUTY NO. 5  |   |                                    |                                 |  |                                   | RATING LETTER                                    |                                  |       |
| Develops [ ] in the MILABYSS [ ]   |   |                                    |                                 |  |                                   | (A)  |                                  |       |
| SPECIFIC DUTY NO. 6  |   |                                    |                                 |  |                                   | RATING LETTER                                    |                                  |       |
| Serves as Station Technical Referent   |   |                                    |                                 |  |                                   | (A)  |                                  |       |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>   |   |                                    |                                 |  |                                   |  |                                  |       |
| <p>Tell in brief everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, responsiveness, personal personal traits, habits and particular weaknesses or talents. Based on your knowledge of employee's overall performance during the rating period place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.</p>   |   |                                    |                                 |  |                                   | RATING LETTER                                    |                                  |       |
|  |   |                                    |                                 |  |                                   | S  |                                  |       |

FORM 43N

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30 DEC 1975



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| SECTION C   |   | NARRATIVE COMMENTS                  |  |
|---|---|-------------------------------------|--|
| <small>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</small>   |   |                                     |  |
| <p>This is an end of tour report covering the fourteen months in which this Officer has been under my supervision. [ ] Station has just submitted its first Statement of Accomplishment Goals under the newly-established MBO reporting system and schedule. Consequently, this report combines Subject's duties as specified in two previous LOI's which run from 1 June 1974 to 30 May 1975 and from 1 June 1975 through 31 July 1975. The duties listed are therefore broader than those to be reflected in the latest LOI now being formulated as a logical adjunct to the new MBO format and content.</p> <p>(*) (On specific duties No. 5 and 6, there is so little content or substance associated with these duties as to make a Letter Rating meaningless. The [ ] target in [ ] is practically non-existent and there is no current need for technical operations to support approved operational activities. The duties are listed only because they were included in the LOI.)</p> <p><u>DUTY NO. 1</u></p> <p>Responsible for the operational program against the [ ] and [ ] target, this officer handles [ ] agents and a [ ] agent in a highly proficient manner.</p> <p align="right">(See Attached Sheet)</p> |   |                                     |  |
| SECTION D   |   | CERTIFICATION AND COMMENTS          |  |
| 1. BY EMPLOYEE  |   |                                     |  |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT  |   |                                     |  |
| DATE  | SIGNATURE OF EMPLOYEE   |                                     |  |
|   |   |                                     |  |
| 2. BY SUPERVISOR  |   |                                     |  |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION   | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |                                     |  |
| 14  |   |                                     |  |
| DATE  | OFFICIAL TITLE OF SUPERVISOR                                    | TYPED OR PRINTED NAME AND SIGNATURE |  |
| 7 August 1975   | Chief of Station  |                                     |  |
| 3. BY REVIEWING OFFICIAL  |   |                                     |  |
| <small>COMMENTS OF REVIEWING OFFICIAL</small> <p>The assessment given above of Mr. Piccolo's performance seems to be well-balanced and generally fair. His performance as described fits with my knowledge of it. It should be noted that it is very difficult to establish much of an operational record in [ ]</p> <p>[ ] It is to his credit that Mr. Piccolo was able to [ ] in the only [ ] available--the [ ]</p> <p>Mr. Piccolo is poised and quiet in demeanor. He is a reliable, dependable officer of good judgment.</p> <p>I agree with the rater that Mr. Piccolo should be given the opportunity to do something different. A rotational tour to another DDO component would probably be very helpful to his overall development and motivation at this time. I concur in the overall assessment of his performance as "Strong."</p> <p align="right"> <small>Official Title of Reviewing Official</small><br/> <small>Typed or Printed Name and Signature</small><br/> <i>[Signature]</i><br/>             Raymond A. Carter           </p> <p>9 December 1975      Deputy Chief, 14 Division</p>   |   |                                     |  |

I certify that I have seen [ ] entries in this report.

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- 2 -

SECTION C      NARRATIVE COMMENTS

He handles a [ ] agent [ ] This [ ] until better coverage can be developed. The [ ] agent, whose [ ] is almost identical to that required for a [ ] also produces information on the [ ] through his [ ]

Also handled under Duty No. 1 is a [ ] of a [ ] of [ ] persuasion, which has traditionally demonstrated a propensity for cooperation with the [ ] and/or [ ] in [ ] This paid agent produced [ ] intelligence reports with a [ ] over this period. This agent, [ ] directly, requires and receives close and alert guidance. He has provided [ ] which the Case Officer has followed up, accomplishing the full cycle of [ ]

[ ] and hopefully, into the [ ]

Acting upon a [ ] ERHATCHET-2, a [ ] this Officer also [ ] and [ ] a [ ]

Considering the paucity of leads available on the elusive but important [ ] of the Station), these [ ] are judged to be very significant achievements, attributable to this Officer's language fluency, sincerity, experience and style, which makes it all look easier than it really is.

Subject has been criticized in his last two Fitness Reports for not [ ] It is important, therefore, to recognize his efforts and achievements now, as detailed above. He had never been a strong recruiter, but had always been an above-average agent handler who could extract more information and services

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S E C R E T

- 3 -

NARRATIVE COMMENTS (Continued)

from agents than most Case Officers. His [ ] represent the Station's most promising prospects against the [ ] in the long history of [ ]. It is suggested that this Officer's contribution of only [ ] (at the very end of his tour of duty) could well be more meaningful and productive than the efforts of a super-salesman whose [ ] later prove to be marginal or useless.

DUTY NO. 2

Subject conducts Station [ ] with [ ] contacts. His main job is the maintenance of the [ ] an effort handicapped by [ ] considerations which oblige him to take but never give, to cancel scheduled training, and to maintain a [ ]. Nevertheless, he does manage to [ ] of interest on the [ ] and [ ] targets, and the [ ] does provide him with [ ] certain [ ]. Additionally, this Officer shares the task with the COS of [ ] an even more difficult, and less productive effort. Subject's warm and winning personality and extensive experience are key factors in his ability to [ ] at all, which results in clear net gain to the Organization.

DUTY NO. 3

Subject has done exceedingly well in the [ ] and [ ] of ERLANK-1 for [ ] of [ ] and [ ] have been submitted, and ERLANK-1 is responding to Subject's [ ] ERLANK-1 has agreed to a [ ] and this was accomplished very recently.

DUTY NO. 4

In this very small Station, the DCOS function is not a critical one, but when obliged to exercise his authority in this

S E C R E T



SECRET

- 4 -

NARRATIVE COMMENTS (Continued)

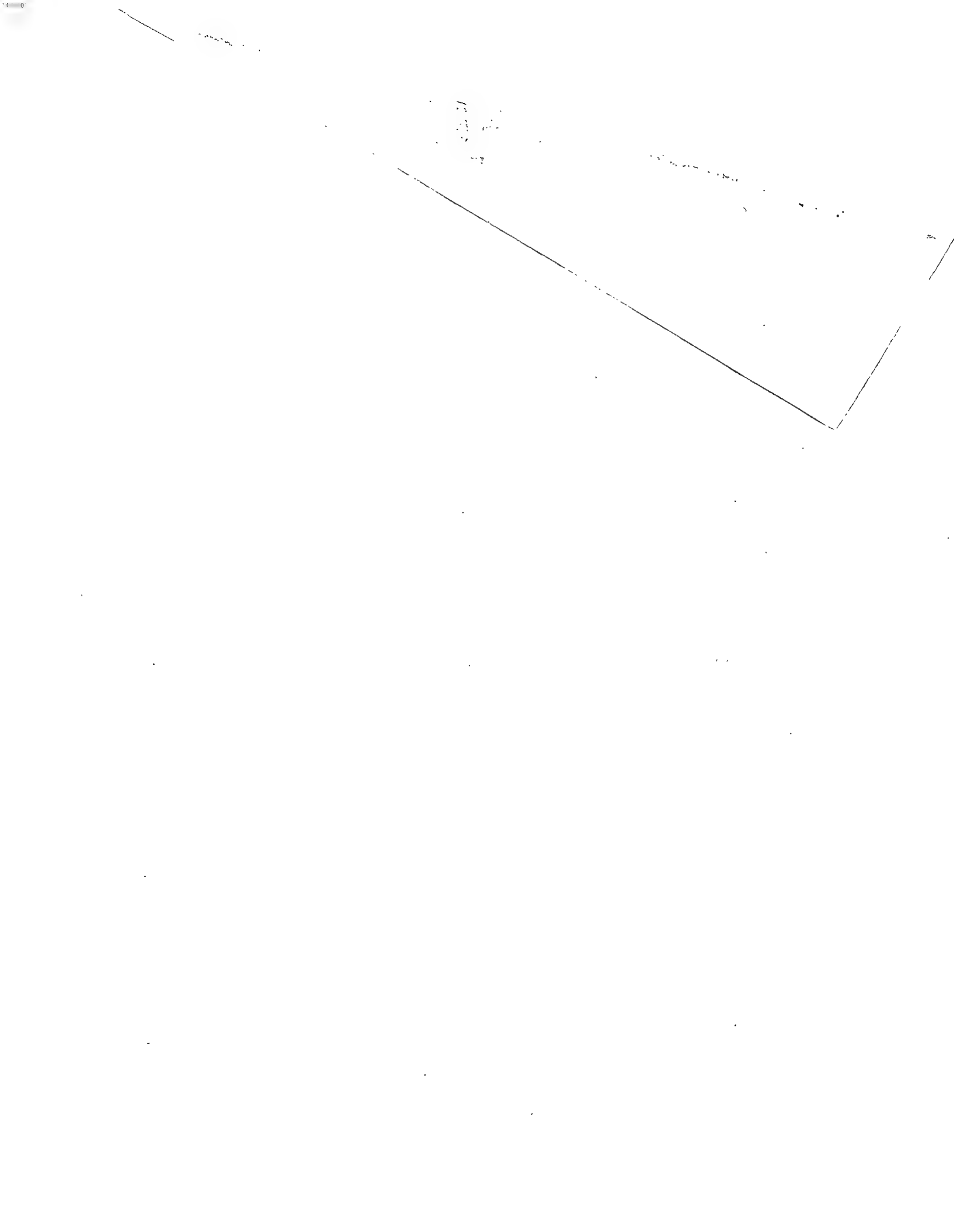
function, Subject has done very well. More importantly, in his several stints as ACOS (during COS illness which required hospitalization and medical consultations out of country), Subject really shone in his performance. He was obliged to deal with the most difficult [redacted] ever encountered by this rater, and represented and protected Station interests with skill and dignity.

Subject requires little supervision, by virtue of his thorough knowledge and extensive experience in practically every aspect of the mechanics of clandestine operations in Latin America. His avocation is "Administration", in the full sense of the word, and he administers his work load impeccably. The assignment just completed was his first command job, and he has acquired the additional managerial skills necessary for him to progress in his career. There is no question of his additional potential, and it is natural to envision him as a Deputy Chief of Station at a larger Latin American Station, or, better, as a Chief of Base in his next field assignment. He is above average in security and cost-consciousness. He is fluent not only in Spanish, but also in Portuguese, and more importantly, in human relations. He can establish rapport with people at all levels of society.

His personality is a pleasant one. He is low-keyed, soft-spoken, sincere and methodical and establishes natural excellent rapport with his co-workers, both subordinate and superior. While easy to get along with, he still knows how to effectively administer training, guidance, advice and discipline to his subordinates without alienating them. This rater has gotten on well with Subject. His experience, self-confidence and directness are such, however, that he might well be difficult to supervise if there were any kind of personality clash involved. In sum he knows what he is doing, and would be inclined to accept and test advice or guidance which he might judge as unround. While some might consider the trait a shortcoming, this rater considers it a strength, overall.

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- 5 -

NARRATIVE COMMENTS (Continued)

If forced to search for a deficiency in his performance over the past fourteen months under my supervision, it would be necessary to point to a weak showing in operational and representational [redacted] In the former category, particularly, he could have spent more [redacted] and [redacted] with [redacted] and other [redacted] purposes. In his regular work hours, however, which included some nights and weekends, he was more than gainfully employed in the accomplishment of his assigned duties. He is not a clock-watcher, but stays with the [redacted] and [redacted] as well as with the paperwork until they are completed.

This Officer is the victim of personnel requirements, which has resulted in an Organizational failure to challenge his talents and ingenuity. His re-assignment to the Cuban Operations Section next, for example, will be his fifth assignment in that area in 15 years. It is recommended that he obtain rotational experience in another geographical or functional area, to broaden him.

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**FITNESS REPORT**

**SECTION A**

**GENERAL INFORMATION**

|  |  |  |   |                       |  |
|--|--|--|---|-----------------------|--|
| 1. EMPLOYEE NUMBER<br><b>025658</b>  | 2. NAME (Last, first, middle)<br><b>Piccolo, Joseph S.</b> | 3. DATE OF BIRTH<br><b>1935</b>                    | 4. SEX<br><b>M</b>  | 5. GRADE<br><b>13</b> | 6. SD<br><b>D</b>  |
| 7. OFFICIAL POSITION TITLE<br><b>Ops Officer -- DCOS</b>   |  | 8. OFF. DIV./BR OF ASSIGNMENT<br><b>DDO/LA/CAN</b> | 9. CURRENT STATION  |                       | 10. CODE (if any)<br>HQS. <input checked="" type="checkbox"/> OF |
| 11. TYPE OF APPOINTMENT<br><input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> CONTRACT <input type="checkbox"/> OTHER (spec) |  |  | 12. TYPE OF REPORT<br><input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT <input type="checkbox"/> SPECIAL |                       |  |
| 13. REPORTING PERIOD (from-to)<br><b>6 June 1974 - 30 September 1974</b>   |  |  | 14. DATE REPORT DUE IN O.P.<br><b>ASAP</b>  |                       |  |

**SECTION B**

**QUALIFICATIONS UPDATE**

IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.

**SECTION C**

**PERFORMANCE EVALUATION**

**U—Unsatisfactory** Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.

**M—Marginal** Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.

**P—Proficient** Performance is satisfactory. Desired results are being produced in the manner expected.

**S—Strong** Performance is characterized by exceptional proficiency.

**O—Outstanding** Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

**SPECIFIC DUTIES**

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

|   |               |
|---|---------------|
| SPECIFIC DUTY NO. 1<br><br><b>See attached Cable in Lieu of Fitness Report.</b> | RATING LETTER |
| SPECIFIC DUTY NO. 2   | RATING LETTER |
| SPECIFIC DUTY NO. 3   | RATING LETTER |
| SPECIFIC DUTY NO. 4   | RATING LETTER |
| SPECIFIC DUTY NO. 5   | RATING LETTER |
| SPECIFIC DUTY NO. 6   | RATING LETTER |

**OVERALL PERFORMANCE IN CURRENT POSITION**

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, responsibility, personal traits or habits and particular limitations or talents. Based on your knowledge of employee's current performance during the rating period place the letter in the rating box corresponding to the statement which most closely reflects his level of performance.

RATING LETTER  
  
**S**

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**SECTION D**

**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

See attached Cable in Lieu of Fitness Report

**SECTION E**

**CERTIFICATION AND COMMENTS**

**1. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

20 January 1975

Chief of Station

/s/

**2. BY EMPLOYEE**

STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE

DATE

SIGNATURE OF EMPLOYEE

HAVE ATTACHED

☒

HAVE NOT ATTACHED

20 January 1975

/s/ Joseph Piccolo

**3. BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

See Attached

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

05 February 75

DC/LA Division

/s/ Raymond A. Warren

**4. BY EMPLOYEE**

I CERTIFY THAT I HAVE BEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT

DATE

20 February 1975

SIGNATURE OF EMPLOYEE

/s/ Joseph S. Piccolo

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CLASSIFICATION

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PAGE 01

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CITE *11379* SECTION 1 of 2

TO: DIRECTOR,

ADMIN PERS

RYBAT

CABLE SEC SUGGESTS DISSEM TO: *MC*  
IF DESIRED, SEND FORM 1004 TO CABLE SEC.

REF: DIRECTOR 644201

1. FOLLOWING IS SUBMITTED PER REFERENCE. SECTION "B":

SPECIFIC DUTY NUMBER ONE: STATION OFFICER RESPONSIBLE

FOR OPERATIONAL PROGRAM DIRECTED AGAINST

AND RATING LETTER "S";

SPECIFIC DUTY NUMBER TWO: STATION OFFICER,

RATING LETTER "S";

SPECIFIC DUTY NUMBER THREE: MANAGES

RATING LETTER "S";

SPECIFIC DUTY NUMBER FOUR: SUPERVISES AGENT

WHO

ASSETS, RATING LETTER "B";

SPECIFIC DUTY NUMBER FIVE: DCOS, SUPERVISING

CLERICAL CONTRACT AND COMMUNICATORS AND ACTING OFFICER

SECRET

*Piccolo*



|   |   |                    |      |   |  |
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IN CHARGE IN ABSENCE OF COS. RATING LETTER "S". OVERALL RATING LETTER "S".

2. SECTION "C" NARRATIVE COMMENTS FOLLOW:

(1) IN HIS CAPACITY AS THE STATION OFFICER RESPONSIBLE FOR OPERATIONS AGAINST THE [REDACTED] AND [REDACTED] AND [REDACTED] SUBJECT HAS PERFORMED VERY WELL ALTHOUGH NOT YET SUCCESSFUL IN EFFECTING ADDITIONAL [REDACTED] NOT HIS STRONGEST POINT. ADDITIONALLY, HE WAS BURDENED WITH TOO MUCH AND TOO DIVERSIFIED A WORKLOAD. THIS OFFICER WILL RECEIVE A NEW LETTER OF INSTRUCTION SHORTLY, REFLECTING THE SUDDEN AND URGENT NEED OF SUCCESSFUL EFFORTS AGAINST THE [REDACTED] WHICH HAS EMERGED AS REAL THREAT TO PHYSICAL SECURITY OF OFFICIAL PERSONNEL AND TO POLITICAL STABILITY OF [REDACTED] HIS HANDLING OF ESTABLISHED ASSETS IN THIS FIELD HAS RESULTED, OVER THE PAST SIX MONTHS, TREBLING THE INTELLIGENCE REPORTING OVER THE PREVIOUS SIX MONTH PERIOD. AN ADJUNCT TO THESE DUTIES IS THE HANDLING OF [REDACTED] AGENT WHO [REDACTED] OF THE [REDACTED] THIS [REDACTED] AGENT

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PAGE 03

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ABSORBS MORE OF THE CASE OFFICERS TIME THAN HE MERITS,  
AND THIS IS ATTRIBUTABLE TO UNFORTUNATE LACK OF NATURAL  
APTITUDE ON PART OF THIS PARTICULAR [ ] AGENT.  
ADJUSTMENTS WILL BE MADE TO MAKE BETTER USE OF CASE  
OFFICER TIME.

(2) AS STATION [ ] OFFICER, HE PERFORMS IN AN  
EXTREMELY STRONG MANNER, USING HIS WINNING WAYS WITH  
THE [ ] ON

CONTINUING BASIS, NET GAIN FOR OUR MISSION. THE [ ]

[ ] THE OFFICER AND

BECAUSE OF THE FRIENDSHIP OCCASIONALLY [ ]

[ ] WHICH ARE TECHNICALLY STILL

[ ] TRECKLER IS NOW IN THE

PROCESS OF ATTEMPTING TO REDIRECT [ ] EFFORTS

TOWARDS BETTER AND INCREASED COVERAGE OF THE [ ]

AND [ ] TARGETS, WHILE WALKING THAT TIGHTROPE

OF AVOIDING AGENCY COMMITMENT TO ANY NEW LARGE EXPEND-

ITURES OF RESOURCES. WITHIN THE [ ] CONTEXT, HE HAN-

DLES THE [ ]

WHO COMPLEMENTS STATION COVERAGE OF THE [ ]

**S E C R E T**



100-1

TABLE SEC DISSEM BY \_\_\_\_\_ PLR \_\_\_\_\_ TOTAL COPIES \_\_\_\_\_ RUN BY \_\_\_\_\_

PERSON/UNIT NOTIFIED \_\_\_\_\_ S E C R E T O S P I I ' 7 5

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| ACTION UNIT   | I | RF    | VR |
|   | N |       |    |
| ACTION #  | F |       |    |
|   | O |       |    |

T 724298

EIA353

PAGE 04

IN 471163

TOR12114322 JAN 75

11575

SCENE WITH VITAL INFORMATION CURRENTLY NOT AVAILABLE FROM ANY OTHER SOURCE, THIS ACTIVITY TAKES MUCH LATE HOUR EFFORT TO ENSURE GOOD OPERATIONAL SECURITY, WHICH SUBJECT PERFORMS FAITHFULLY TO HIGH STANDARDS AND WITH GOOD CHEER.

(3) DCOS AND OCCASIONAL ACOS, SUPERVISING [ ] CLERICAL.

[ ] CONTRACT AND [ ] COMMUNICATORS, SUBJECT SHOWS MUCH

STRENGTH AND POTENTIAL FOR INCREASED RESPONSIBILITY

IN THE FUTURE, HIS LOW KEY AND DELIBERATE SPEECH AND

BODY MOVEMENTS ARE MOST DECEPTIVE. HE IS, IN FACT,

0 PAGE 3 [ ] 11575 S E C R E T

SELF CONFIDENT, PLEASANT, AND FIRM BUT COMPASSIONATE

WITH SUBORDINATES, AS ACOS HE DOES AN EXCELLENT JOB

OF DEALING WITH THE MOST DIFFICULT [ ] EVER

ENCOUNTERED BY THE RATER.

(4) IN THE SEVEN AND A HALF MONTHS IN WHICH THE OFFICER

HAS BEEN UNDER MY SUPERVISION, HE HAS ALWAYS IMPRESSED

WITH THE DEPTH OF HIS KNOWLEDGE OF THE FUNCTION AND

MISSION OF A FIELD STATION. HE IS A "NATURAL" FIELD

INTELLIGENCE OFFICER, HIGHLY FLEXIBLE, HARD WORKING

S E C R E T



4-71 MAG 3/74

|                                    |   |             |                    |              |  |
|------------------------------------|---|-------------|--------------------|--------------|--|
| CABLE SEC DISSEM BY _____          |   | PER _____   | TOTAL COPIES _____ | RUN BY _____ | REPRODUCTION BY OTHER THAN<br>ISSUING OFFICE IS PROHIBITED |
| PERSON UNIT NOTIFIED _____         |   | S E C R E T |                    |              |  |
| ADVANCE COPY ISSUED, SLOTTED _____ |   | BY _____    | AT _____           | STAFF        |  |
| ACTION UNIT                        | I | RF          | FILE               | VR           | 1  |
|                                    | N |             |                    |              | 2  |
|                                    | F |             |                    |              | 3  |
| ACTION #                           | O |             |                    |              | 4  |
|                                    |   |             |                    |              | 5  |
| T 724290                           |   | EIA353      |                    | PAGE 05      | IN 471163  |
| TOR:211432Z JAN 75                 |   |             |                    |              | 11575  |

AND WITH THE INVALUABLE ABILITY TO GET ALONG WITH A WIDE VARIETY OF PEOPLE AT ALL SOCIAL AND EDUCATIONAL LEVELS, FROM THE [ ] TO THE MOST [ ] UPON ARRIVING AT THE STATION FIFTEEN MONTHS AGO, IN THE WAKE OF THE DISASTROUS [ ] HE SET ABOUT TO INSTITUTE SOME SEMBLANCE OF SECURITY OVER STATION DOCUMENTS, ESTABLISHED A SECURE PAPER FLOW ROUTINE, SET UP MISSING FILES AND SUGGESTED MANY NEW OFFICE PROCEDURES WHICH HAVE CONTINUED TO THE PRESENT. WHEN THE STATION WAS BURDENED WITH A PERSONNEL SITUATION IN WHICH THE STATION FINANCES, LOGISTICS AND SUPPORT WERE NOT BEING HANDLED COMPETENTLY, SUBJECT STEPPED IN QUIETLY AND ENSURED THAT THESE ESSENTIAL DUTIES WERE BEING PERFORMED TO ACCEPTABLE STANDARDS, THAT BURDEN LASTED FOR A YEAR BUT HE NEVER COMPLAINED OR RECEIVED RECOGNITION. HE IS REMARKABLE IN THAT HE KNOWS ALMOST EVERY ASPECT OF EACH FIELD STATION JOB, BY VIRTUE OF HAVING DONE THEM PROFESSIONALLY HIMSELF IN THE PAST. HE HAS SERVED AS A FILE CLERK, AN INTELLIGENCE ASSISTANT AND CASE OFFICER. NOW,

S E C R E T



7:21 AMG 3 26

1211

CABLE SEC DISSEM BY \_\_\_\_\_ PER \_\_\_\_\_ TOTAL COPIES \_\_\_\_\_ RUN BY \_\_\_\_\_

PERSON UNIT NOTIFIED \_\_\_\_\_

**S E C R E T** 11 75

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ADVANCE COPY ISSUED SLOTTED \_\_\_\_\_ BY \_\_\_\_\_ AT \_\_\_\_\_

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I  
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RF FILE VR

ACTION #

STAFF

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| 1 |  | 4 |  |
| 2 |  | 5 |  |
| 3 |  | 6 |  |

T 724290

EIA353

PAGE 06-06

IN 471163

TOR1211432Z JAN 75

11575

AT THIRTY NINE YEARS OF AGE, HE STANDS IN MY OPINION,  
HEAD AND SHOULDERS ABOVE HIS GRADE PEERS IN EXPERIENCE,  
MATURITY, RELIABILITY, DEPENDABILITY AND UNFAILINGLY.  
GOOD COMMON SENSE, HIS 17 YEARS OF SERVICE IN THE  
ORGANIZATION, 10 OF THEM ABROAD, HAVE RESULTED IN HIS  
FORMATION AS JA UNUSUALLY VERSATILE, HIGHLY KNOWLEDGE-  
ABLE AND COMPLETELY PROFESSIONAL OPERATIONS OFFICER.  
HIS OPERATIONAL EXPERIENCE OVER THE YEARS HAS RUN THE  
GANUT FROM [REDACTED]

**S E C R E T**



0-71 APR 3 74

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ISSUING OFFICE IS PROHIBITED

ADVANCE COPY ISSUED/SLOTTED \_\_\_\_\_ BY \_\_\_\_\_ AT \_\_\_\_\_

ACTION UNIT \_\_\_\_\_  
I RF FILE VR  
N  
F  
O

| STAFF |  |   |  |
|-------|--|---|--|
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| 2     |  | 5 |  |
| 3     |  | 6 |  |

T 724275 EIA340

PAGE 01

IN 471155

TOR1211427Z JAN 75

11575

**SECRET** 211330Z JAN 75 STAFF

CITE [ ] 11575 FINAL SECTION OF 2

TO: DIRECTOR,

ADMIN PERS

RYBAT

PROGRAMS TO HIS CURRENT DUTIES, AND INCLUDE EXTENSIVE  
SUCCESSFUL MANAGEMENT OF [ ] HE IS ABOVE AVERAGE IN  
HIS COST-AND SECURITY-CONSCIOUSNESS, KEEPS EXCELLENT  
RECORDS, SPEAKS FLUENT SPANISH AND IS A VALUABLE MEMBER  
OF THE [ ] TEAM.

(5) THE RATER APPRECIATES THE ROCK-SOLID RELIABILITY  
OF THIS OFFICER, CONSIDERS HIM TO BE AN IDEAL DEPUTY  
CHIEF OF STATION, AND WOULD GLADLY SERVE AGAIN WITH HIM  
IN ANY CAPACITY AT ANY TIME. IN VIEW OF HIS PERFORMANCE,  
ABILITY, PROFOUND CONCEPT OF STATION FUNCTION PLUS  
CONTINUED POTENTIAL FOR ADVANCEMENT, HE SHOULD BE GIVEN  
SERIOUS CONSIDERATION FOR ADVANCEMENT TO THE NEXT GRADE,  
AT THE NEXT APPROPRIATE OPPORTUNITY.

3, SUBJECT WAS SEEN AND SIGNED ABOVE ON 20 JANUARY  
1979, E2, IMPDET,

..

**SECRET**



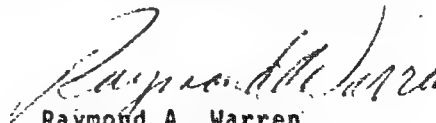
S E C R E T

5 February 1975

COMMENTS OF REVIEWING OFFICIAL:

Subject: Joseph S. Piccolo  
6 June 1974 - 30 September 1974

I concur in the above assessment. As indicated above Mr. Piccolo is a quiet officer but at the same time solid and dependable.

  
Raymond A. Warren  
Deputy Chief  
Latin America Division

E2 IMPDET  
CL BY 009560

S E C R E T



**CONFIDENTIAL**

|  |   |  |  |  |                                   |   |  |
|--|---|--|--|--|-----------------------------------|---|--|
| <b>FITNESS REPORT</b>  |   |  |  | NOTE: Supervisor or Reviewing Official may assign a higher classification if CONFIDENTIAL is not adequate for the report when completed. |                                   |   |  |
| <b>SECTION A. GENERAL INFORMATION</b>  |   |  |  |  |                                   |   |  |
| 1. EMPLOYEE NUMBER<br><b>025658</b>  |   | 2. NAME (last, first, middle)<br><b>Piccolo, Joseph S.</b> |  |  | 3. DATE OF BIRTH<br><b>1935</b>   |   | 4. SEX<br><b>M</b>   |
|  |   | 5. GRADE<br><b>GS-13</b>                                   |  | 6. SD<br><b>D</b>  |                                   |   |  |
| 7. OFFICIAL POSITION TITLE<br><b>Ops Officer-DCOS</b>  |   |  |  | 8. OFF/DIV/BR OF ASSIGNMENT<br><b>DDO/WH/2</b>   |                                   | 9. CURRENT STATION<br><b></b>             |  |
| 10. TYPE OF APPOINTMENT  |   |  |  | 11. TYPE OF REPORT   |                                   |   |  |
| <input checked="" type="checkbox"/> CAREER   | <input type="checkbox"/> CAREER PROVISIONAL | <input type="checkbox"/> RESERVE                           |  | <input type="checkbox"/> ANNUAL  | <input type="checkbox"/> 21-MONTH | <input type="checkbox"/> 30-MONTH         | <input checked="" type="checkbox"/> Of Supervisor REASSIGNMENT |
| <input type="checkbox"/> CONTRACT  | <input type="checkbox"/> SPECIAL            | <input type="checkbox"/> TEMPORARY                         |  | 12. REPORTING PERIOD (From-to)<br><b>20 Sept 1973-5 June 1974</b>  |                                   | 13. DATE REPORT DUE IN O.P.<br><b>N/A</b> |  |
| <b>SECTION B. PERFORMANCE EVALUATION</b>   |   |  |  |  |                                   |   |  |
| <p><b>U—Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M—Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P—Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S—Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O—Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |   |  |  |  |                                   |   |  |
| <b>SPECIFIC DUTIES</b>   |   |  |  |  |                                   |   |  |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).   |   |  |  |  |                                   |   |  |
| SPECIFIC DUTY NO. 1<br><b>Acting COS Duties. Supervises <input type="checkbox"/> clerical, <input type="checkbox"/> officer and <input type="checkbox"/> communicators</b>   |   |  |  |  |                                   | RATING LETTER<br><b>S</b>                 |  |
| SPECIFIC DUTY NO. 2<br><b>Station operations officer with direct <input type="checkbox"/> responsibilities for <input type="checkbox"/> and related targets</b>  |   |  |  |  |                                   | RATING LETTER<br><b>S</b>                 |  |
| SPECIFIC DUTY NO. 3<br><b><input type="checkbox"/> Officer</b>   |   |  |  |  |                                   | RATING LETTER<br><b>S</b>                 |  |
| SPECIFIC DUTY NO. 4<br><b>Station operations officer for operations directed against the <input type="checkbox"/> target</b>   |   |  |  |  |                                   | RATING LETTER<br><b>P</b>                 |  |
| SPECIFIC DUTY NO. 5<br><b>Operations Officer handling a sensitive <input type="checkbox"/> operation</b>   |   |  |  |  |                                   | RATING LETTER<br><b>P</b>                 |  |
| SPECIFIC DUTY NO. 6<br><b></b>   |   |  |  |  |                                   | RATING LETTER<br><b></b>                  |  |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>   |   |  |  |  |                                   |   |  |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.  |   |  |  |  |                                   | RATING LETTER<br><b>S</b>                 |  |



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SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify, or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

(The following is directly keyed to Subject's "Letter of Instructions")

As ACOS he has demonstrated a thorough understanding of Agency policies and regulations. He works well with those he supervises and has exhibited unusual patience while diligently instructing and correcting employees. During my absences, he has worked well with Senior members of the [redacted] and has been accepted by [redacted] Station personnel alike as a mature, sensible and experienced officer.

As [redacted] Officer for the Station, he has done an excellent job of improving the effectiveness of the "Special Unit" by offering his expertise, improving their physical working conditions and convincing them to expand their horizons. The unit appears to be responding well to his leadership and should prove more productive in the future.

His handling of a sensitive [redacted] has resulted in obtaining what information the [redacted] Although categorized as a [redacted] the operation is more that of a [redacted] to clarify certain situations and events rather than an aggressive [redacted] This is a [redacted] contact with whom a good working relationship must be maintained and such a relationship does exist.

He has made very little progress in operations against the [redacted] target. Subject inherited very little in sources and has not developed any new prospects. (Continued)

SECTION D

CERTIFICATION AND COMMENTS

|  |   |   |
|--|---|---|
| 1. BY EMPLOYEE   |   |   |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT   |   |   |
| DATE<br>4 June 1974  | SIGNATURE OF EMPLOYEE<br>/s/ Joseph Piccolo                       |   |
| 2. BY SUPERVISOR   |   |   |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION<br>8   | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION   |   |
| DATE<br>4 June 1974  | OFFICIAL TITLE OF SUPERVISOR<br>COS                               | TYPED OR PRINTED NAME AND SIGNATURE<br>/s/ [redacted] |
| 3. BY REVIEWING OFFICIAL   |   |   |
| COMMENTS OF REVIEWING OFFICIAL   |   |   |
| <p>This seems to be a fair report which rates Subject about the same way that I would, based on my understanding of his performance. Subject is a mature and competent officer who does a fine job of handling existing operations and administrative tasks but has not been very aggressive in developmental work. The [redacted] atmosphere [redacted] may not be very inspiring operationally, but new business is needed and Subject is believed to be capable of turning in a stronger performance in that area. He has the potential for further career advancement.</p> |   |   |
| DATE<br>3 July 1974  | OFFICIAL TITLE OF REVIEWING OFFICIAL<br>Deputy Chief, WH Division | TYPED OR PRINTED NAME AND SIGNATURE<br>[redacted]     |

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EMPLOYEE NUMBER: 25658

Section C - Narrative Comments (Continued)

Subject's performance is strong in handling the present [ ] sources directed against the [ ] target. Specifically, he has a thorough understanding and knowledge of the [ ] and [ ] Subject, however, has not made an effort to develop new potential sources.

In summation, it is clear that Subject has the background, experience and knowledge to perform the tasks in an outstanding manner. Some of these tasks, those that interest him most, he does very well now; Others, that he has determined are not of sufficient value or interest, he disregards. Where Subject must take steps to improve is in his overall attitude towards work to be accomplished. This being a very small station can be a handicap to an officer who must work harder to produce the little intelligence of interest that is available. Subject must spend more of his free time among the [ ] his contacts, contacts that could result in the development and recruitment of new sources.

Subject is well liked and accepted by the American Community. He and his wife entertain well and his good command of the local language makes him a strong member on this very small team.

Subject keeps excellent records and has done much to improve the records management of the Station. He is careful with organizational funds and his bookkeeping is consistently up to date.

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|   |   |                                    |                                 |  |                                   |                                       |   |
|---|---|------------------------------------|---------------------------------|--|-----------------------------------|---------------------------------------|---|
| <b>FITNESS REPORT</b>   |   |                                    |                                 | NOTE: Supervisor or Reviewing Official may assign a higher classification if CONFIDENTIAL is not adequate for the report when completed. |                                   |                                       |   |
| <b>SECTION A. GENERAL INFORMATION</b>   |   |                                    |                                 |  |                                   |                                       |   |
| 1. EMPLOYEE NUMBER  |   | 2. NAME (last, first, middle)      |                                 | 3. DATE OF BIRTH   | 4. SEX                            | 5. GRADE                              | 6. SD                                       |
| 025658  |   | Piccolo, Joseph S.                 |                                 | 8 Dec 35   | M                                 | GS-13                                 | D   |
| 7. OFFICIAL POSITION TITLE  |   |                                    |                                 | 8. OFF/DIV/BR OF ASSIGNMENT  |                                   | 9. CURRENT STATION                    |   |
| Ops Officer   |   |                                    |                                 | DDO/wh/5   |                                   |                                       |   |
| 10. TYPE OF APPOINTMENT   |   |                                    |                                 | 11. TYPE OF REPORT   |                                   |                                       |   |
| <input type="checkbox"/> CAREER   | <input type="checkbox"/> CAREER PROVISIONAL | <input type="checkbox"/> RESERVE   | <input type="checkbox"/> ANNUAL | <input type="checkbox"/> 31-MONTH  | <input type="checkbox"/> 30-MONTH | <input type="checkbox"/> REASSIGNMENT | <input checked="" type="checkbox"/> SPECIAL |
| <input type="checkbox"/> CONTRACT   | <input type="checkbox"/> SPECIAL            | <input type="checkbox"/> TEMPORARY | 12. REPORTING PERIOD (from-to)  |  | 13. DATE REPORT DUE IN O.P.       |                                       |   |
|   |   |                                    |                                 | 1 Aug 72 - 12 July 73  |                                   |                                       |   |
| <b>SECTION B. PERFORMANCE EVALUATION</b>  |   |                                    |                                 |  |                                   |                                       |   |
| <p><b>U--Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M--Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P--Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S--Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O--Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |   |                                    |                                 |  |                                   |                                       |   |
| <b>SPECIFIC DUTIES</b>  |   |                                    |                                 |  |                                   |                                       |   |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).  |   |                                    |                                 |  |                                   |                                       |   |
| SPECIFIC DUTY NO. 1   |   |                                    |                                 |  |                                   | RATING LETTER                         |   |
| As Deputy Chief of Base, sharing in supervision of the whole Base (including direct supervision of [redacted]) and serving as acting Base Chief during the COB's absence.   |   |                                    |                                 |  |                                   | S                                     |   |
| SPECIFIC DUTY NO. 2   |   |                                    |                                 |  |                                   | RATING LETTER                         |   |
| Serving as senior FI/CI case officer for the Base and as [redacted] ALSOBER/ALPALOOKA matters for other Bases and Station.  |   |                                    |                                 |  |                                   | O                                     |   |
| SPECIFIC DUTY NO. 3   |   |                                    |                                 |  |                                   | RATING LETTER                         |   |
| Providing informal guidance to the case officers concerning operational and other related problems.   |   |                                    |                                 |  |                                   | O                                     |   |
| SPECIFIC DUTY NO. 4   |   |                                    |                                 |  |                                   | RATING LETTER                         |   |
| Development of new operations: [redacted] and [redacted] of new ASNOTH.   |   |                                    |                                 |  |                                   | P                                     |   |
| SPECIFIC DUTY NO. 5   |   |                                    |                                 |  |                                   | RATING LETTER                         |   |
| Operational and intelligence reporting and correspondence.  |   |                                    |                                 |  |                                   | S                                     |   |
| SPECIFIC DUTY NO. 6   |   |                                    |                                 |  |                                   | RATING LETTER                         |   |
|   |   |                                    |                                 |  |                                   |                                       |   |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>  |   |                                    |                                 |  |                                   |                                       |   |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, range of views, personal growth or habits and particular techniques or talents. Based on your knowledge of employee's overall performance during the rating period, give the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.  |   |                                    |                                 |  |                                   | RATING LETTER                         |   |
|   |   |                                    |                                 |  |                                   | S                                     |   |

FORM 43N

**CONFIDENTIAL**

U.S. GOVERNMENT PRINTING OFFICE



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|   |  |   |                           |   |  |
|---|--|---|---------------------------|---|--|
| <b>SECTION C</b>  |  |   | <b>NARRATIVE COMMENTS</b> |   |  |
| Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.  |  |   |                           |   |  |
| <p>Subject is an exceptionally responsible and mature officer who also combines with these virtues outstanding ability in the fine tuning, analysis and direction of highly complex human cases. During the period under review he handled a most complex and delicate [redacted] and [redacted] of a [redacted] ALSOBER [redacted] with CKPOLAR ramifications with a substantial degree of success. He has also served, in his capacity as deputy base chief, as counsellor and provider of guidance to case officers concerning virtually all of the Base's operations and particularly the more complex and difficult agent cases. His unusually keen intuition and perceptiveness have consistently helped the Base to avoid pitfalls and recognize important but obscure operational factors. His operational judgement is extremely sound.</p> <p>During the period under review Subject has had an opportunity to demonstrate his ability as a supervisor and the results have been impressive. He is naturally careful and thoughtful as well as objective in his dealings with people and he adds elements of sensibility and sympathy as well which enable him to get good responses and inspire confidence. Case officers and other personnel tend to gravitate to him naturally seeking help and guidance and he gives of himself generously in these situations. He has shown excellent leadership potential also during the occasions on which he has taken over as acting base chief and has not been afraid to take</p> |  |   |                           |   |  |
| <b>SECTION D</b>  |  |   |                           |   |  |
| <b>CERTIFICATION AND COMMENTS</b>   |  |   |                           |   |  |
| <div style="display: flex; justify-content: space-between;"> <span>1.</span> <span>BY EMPLOYEE</span> </div>  |  |   |                           |   |  |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT  |  |   |                           |   |  |
| DATE<br>9 July 73   |  | SIGNATURE OF EMPLOYEE<br>/s/ Joseph Piccolo                     |                           |   |  |
| <div style="display: flex; justify-content: space-between;"> <span>2.</span> <span>BY SUPERVISOR</span> </div>  |  |   |                           |   |  |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION   |  | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |                           |   |  |
| DATE<br>9 July 73   |  | OFFICIAL TITLE OF SUPERVISOR<br>Chief of Base                   |                           | TYPED OR PRINTED NAME AND SIGNATURE<br>/s/ [redacted] |  |
| <div style="display: flex; justify-content: space-between;"> <span>3.</span> <span>BY REVIEWING OFFICIAL</span> </div>  |  |   |                           |   |  |
| <div style="display: flex;"> <div style="flex: 1; padding-right: 10px;"> <p><b>COMMENTS OF REVIEWING OFFICIAL</b></p> <p>I concur in this excellent rating in all respects. The performance of this fine officer has been superior. He played a crucial role at the Base. He is a strong considerate supervisor with potential for growth. The failure to get out [redacted] during the past year (I am not familiar with previous experience) can be partly attributed to immersion in the complex, time consuming surfacing/disposal case, but must also be attributed partly to his personality (or at least his mood at that stage of his tour). Subject is perhaps more comfortable, or seemed to be during the rating period, handling going agents [redacted] which he does superbly,</p> <p align="right">(continued)</p> </div> <div style="flex: 1; border-left: 1px solid black; padding-left: 10px;"> <p>DATE<br/>9 July 73</p> <p>OFFICIAL TITLE OF REVIEWING OFFICIAL<br/>COS</p> <p>TYPED OR PRINTED NAME AND SIGNATURE<br/>/s/ [redacted]</p> </div> </div>   |  |   |                           |   |  |

**CONFIDENTIAL**



C O N F I D E N T I A L

new initiatives during these occasions, after due thought and consultation, if he thought they were warranted. And he has been an excellent judge of men (and women) and their quality. In [ ] [ ] LNFALL, its various LNBZZ agencies and [ ] he has [ ] and image well while seeking fair and practical answers and solutions. He has a good sense of economy in monetary as well as other affairs. As he becomes more senior and more exclusively a supervisor and executive he should become more and more effective.

Subject is an excellent operational manager and agent handler who gets the best out of his assets. He is probably not so strong as an operational starter and developer and this appears to be due in part to an instinct to avoid exposure and eschew the glad hand. On the other hand, he has undertaken [ ] rather difficult [ ] operations starting from scratch during the past six months and has at least proven that he can do this kind of work when it is necessary. In both these cases he may have tried to move too fast in order to reach [ ] before his departure but this is understandable. His written work is well conceived and conscientious and perhaps even somewhat above average for case officers of his grade and experience. Like most BKHERALD officers, however, he does not take sufficient pains to achieve simple, clear, forceful expression with the result that, while his best efforts are effective his second best is apt to result in lack of organization and clarity. He should work on this - a suggestion might be that he practice avoiding metaphors and adopt a straight declarative sentence style.

In conclusion, Subject's performance has been first class in the most important respects and his relatively minor weaknesses are not incurable. He should have an excellent future as a senior case officer and supervisor, particularly if he attacks and cures these weaknesses. His overall performance in his present tour has been very strong indeed.

C O N F I D E N T I A L



C O N F I D E N T I A L

FITNESS REPORT CONTINUATION SHEET

Section D - 3

Comments by Reviewing Official

plotting operational strategy (another very strong point), advising less experienced officers (he demonstrated considerable talent here) than he is. [redacted] Subject clearly has the brains, the poise, the empathy and the all-around appeal to do so. There is no doubt about his being able to devise and [redacted] He did not, however, get to the "critical" point during this past year and he understood the priority which Division and Station management was attaching to [redacted] Subject more than earned the promotion to GS-13 recently accorded. In my judgment he should be given the opportunity to move quickly to the next higher grade. In many aspects of the Base/Station mission he has already demonstrated to my satisfaction that he has the ability to become a valued senior officer of our organization. At an appropriate point he should be a candidate for senior school training.

C O N F I D E N T I A L



SECRET

(When Filled In)

| FITNESS REPORT   |  |  |   | EMPLOYEE SERIAL NUMBER |                    |               |  |
|--|--|--|---|------------------------|--------------------|---------------|--|
|  |  |  |   | 025658                 |                    |               |  |
| <b>SECTION A GENERAL</b>   |  |  |   |                        |                    |               |  |
| 1. NAME (Last) (First) (Middle)  |  |  | 2. DATE OF BIRTH  | 3. SEX                 | 4. GRADE           | 5. SD         |  |
| Piccolo, Joseph S.   |  |  | 8 Dec 35  | M                      | GS-12              | D             |  |
| 6. OFFICIAL POSITION TITLE   |  |  | 7. OFF/DIV/BR OF ASSIGNMENT   |                        | 8. CURRENT STATION |               |  |
| Operations Officer   |  |  | DDP/WH/5  |                        |                    |               |  |
| 9. CHECK (X) TYPE OF APPOINTMENT   |  |  | 10. CHECK (X) TYPE OF REPORT  |                        |                    |               |  |
| <input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY  |  |  | <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR         |                        |                    |               |  |
| <input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)   |  |  | <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE |                        |                    |               |  |
| SPECIAL (Specify):   |  |  | SPECIAL (Specify):  |                        |                    |               |  |
| 11. DATE REPORT DUE IN O.P.  |  |  | 12. REPORTING PERIOD (From - To)  |                        |                    |               |  |
|  |  |  | 1 August 1971 - 31 July 1972  |                        |                    |               |  |
| <b>SECTION B PERFORMANCE EVALUATION</b>  |  |  |   |                        |                    |               |  |
| <p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |  |  |   |                        |                    |               |  |
| <b>SPECIFIC DUTIES</b>   |  |  |   |                        |                    |               |  |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).   |  |  |   |                        |                    |               |  |
| SPECIFIC DUTY NO. 1  |  |  |   |                        |                    | RATING LETTER |  |
| Senior FI officer with supervisory responsibilities over [ ] case officers.  |  |  |   |                        |                    | S             |  |
| SPECIFIC DUTY NO. 2  |  |  |   |                        |                    | RATING LETTER |  |
| Station [ ] officer with coordinating responsibilities over Station and Base activities and [ ] functions against [ ] and related targets.   |  |  |   |                        |                    | S             |  |
| SPECIFIC DUTY NO. 3  |  |  |   |                        |                    | RATING LETTER |  |
| Case officer for [ ] sensitive, complex, [ ] of various [ ] targets.   |  |  |   |                        |                    | S             |  |
| SPECIFIC DUTY NO. 4  |  |  |   |                        |                    | RATING LETTER |  |
| SPECIFIC DUTY NO. 5  |  |  |   |                        |                    | RATING LETTER |  |
| SPECIFIC DUTY NO. 6  |  |  |   |                        |                    | RATING LETTER |  |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>   |  |  |   |                        |                    |               |  |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.   |  |  |   |                        |                    | RATING LETTER |  |
|  |  |  |   |                        |                    | S             |  |

23 AUG 1972

SECRET

Reviewed by OP/SPD/TPB



**SECRET**

**SECTION C**

**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Analyze or explain ratings given in Section B to provide basis for determining future personnel action. Monitor of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be reported if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Subject continues to be one of the strongest officers in the Base and will undoubtedly be a solid ~~line~~ ~~backer~~ ~~up~~ ~~number~~ [ ] officer under the new staffing pattern. His judgment is considered and sound, his operational savvy, experience and talent invaluable. His supervisory functions have changed somewhat since last evaluation, and he now handles [ ] officers (rather than [ ] and [ ] case officer) who in turn handle a variety of operations including [ ] as well as [ ] and [ ]. As we have noted in past fitness reports, he is an intelligent supervisor with a capability for lighting fires under his charges when necessary. His thorough knowledge and understanding of the ALSOBER and ALPALOOKA fields has earned him the respect of all his colleagues.

Like the rest of us, he is not perfect, of course. His performance over the past year has been less strong on the operational development side and he should shift some of the emphasis of his efforts in this direction in order to achieve a better balanced performance. This will not be easy because at present he is unavoidably saddled with some serious and complex operational problems (not of his own making) and the demands of his [ ] supervision are heavy. However, he is capable of adjusting his time and putting out the necessary effort and we have

(CONTINUED)

**SECTION D**

**CERTIFICATION AND COMMENTS**

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

2 Aug 1972

/s/ Joseph S. Piccolo

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

13

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

2 Aug 1972

Chief of Base

/s/ [ ]

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

The rating of Strong is deserved. This is a really fine officer, very cerebral, experienced and skilled in the basic craft of our business, linguistically talented, toughminded and aggressive in agent handling and exploitation. His lack of [ ] activity during the reporting period reflects to some degree a deliberate decision to keep a [ ] and [ ] due to the particularly [ ]. This still applies to some degree but we all now agree that during the remaining months of his tour an effort can be made to exploit this officer's considerable talents in the crucial area of creating new assets. I strongly endorse the recommendation for promotion.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

2 Aug 1972

Chief of Station

/s/ [ ]

**SECRET**



S E C R E T

SECTION C - NARRATIVE COMMENTS CONTINUED

no serious doubts that he will do this.

Subject was denied a promotion on the previous round, which represents, in our opinion a lack of recognition of his fine performance and potential. He deserves a promotion and his proper career development demands one.

S E C R E T



**SECRET**  
(When Filled In)

| FITNESS REPORT   |  |   |   | EMPLOYEE SERIAL NUMBER |                                  |
|--|--|---|---|------------------------|----------------------------------|
|  |  |   |   | 025658                 |                                  |
| <b>SECTION A GENERAL</b>   |  |   |   |                        |                                  |
| 1. NAME<br>(Last) (First) (Middle)<br><b>Piccolo, Joseph S.</b>  |  |   | 2. DATE OF BIRTH<br><b>8 Dec 35</b>   | 3. SEX<br><b>M</b>     | 4. GRADE 5. SU<br><b>GS-12 D</b> |
| 6. OFFICIAL POSITION TITLE<br><b>Operations Officer</b>  |  |   | 7. OFF/DIV/BR OF ASSIGNMENT 8. CURRENT STATION<br><b>DDP/WH/5</b>   |                        |                                  |
| 9. CHECK (X) TYPE OF APPOINTMENT   |  |   | 10. CHECK (X) TYPE OF REPORT  |                        |                                  |
| <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY<br><input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)<br><input type="checkbox"/> SPECIAL (Specify):  |  |   | <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR<br><input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYER<br><input checked="" type="checkbox"/> SPECIAL (Specify): <b>Promotion</b> |                        |                                  |
| 11. DATE REPORT DUE IN O.P.  |  |   | 12. REPORTING PERIOD (From - to)<br><b>1 January 1971 - 3 November 1971</b>   |                        |                                  |
| <b>SECTION B PERFORMANCE EVALUATION</b>  |  |   |   |                        |                                  |
| U-Unsatisfactory   |  | Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C. |   |                        |                                  |
| M-Marginal   |  | Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.  |   |                        |                                  |
| P-Proficient   |  | Performance is satisfactory. Desired results are being produced in the manner expected.   |   |                        |                                  |
| S-Strong   |  | Performance is characterized by exceptional proficiency.  |   |                        |                                  |
| O-Outstanding  |  | Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.  |   |                        |                                  |
| <b>SPECIFIC DUTIES</b>   |  |   |   |                        |                                  |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).   |  |   |   |                        |                                  |
| SPECIFIC DUTY NO. 1<br><b>Senior FI officer with supervisory responsibilities over junior officer and agent.</b>   |  |   |   |                        | RATING LETTER<br><b>S</b>        |
| SPECIFIC DUTY NO. 2<br><b>Station officer with coordinating responsibilities over Station and Base activities and against and related targets.</b>   |  |   |   |                        | RATING LETTER<br><b>S</b>        |
| SPECIFIC DUTY NO. 3<br><b>Case officer for sensitive, complex, of various targets.</b>   |  |   |   |                        | RATING LETTER<br><b>S</b>        |
| SPECIFIC DUTY NO. 4  |  |   |   |                        | RATING LETTER                    |
| SPECIFIC DUTY NO. 5  |  |   |   |                        | RATING LETTER                    |
| SPECIFIC DUTY NO. 6  |  |   |   |                        | RATING LETTER                    |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>   |  |   |   |                        |                                  |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. |  |   |   |                        | RATING LETTER<br><b>S</b>        |



**SECRET**

(When Filled In)

|   |   |  |  |
|---|---|--|--|
| <b>SECTION C</b>  |   | <b>NARRATIVE COMMENTS</b>                      |  |
| <p><small>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</small></p> <p align="center" style="margin: 0;">Nov 24 9 03 AM '71</p> <p>Subject is perhaps the most mature, dependable and competent case officer we have. He has excelled in the handling of intricate, sensitive [ ] operations where the highest professional standards are demanded. He carries a very heavy work load lightly and is a prodigious contributor in both operational and information reporting. His performance as a supervisor has been characterized by conscientiousness, a good sense of detail, perceptiveness, fairness and firmness. He is at his best in practical situations, however complex and obscure, rather than in dealing with philosophical or theoretical problems but this is obviously more a matter of inclination, than of intellect. He is highly respected and appreciated by all his colleagues and especially by this supervisor.</p> <p>Subject is under grade for his performance, experience and responsibilities. He is of all the Base officers most deserving of a promotion. A separate recommendation to this effect is being forwarded.</p> |   |  |  |
| <b>SECTION D</b>  |   | <b>CERTIFICATION AND COMMENTS</b>              |  |
| <b>1. BY EMPLOYEE</b>   |   |  |  |
| <b>I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT</b>   |   |  |  |
| DATE<br>3 Nov 1971  | SIGNATURE OF EMPLOYEE<br>/s/ Joseph S. Piccolo                  |  |  |
| <b>2. BY SUPERVISOR</b>   |   |  |  |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION   | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |  |  |
| DATE<br>3 Nov 1971  | OFFICIAL TITLE OF SUPERVISOR<br>Chief of Base                   | TYPED OR PRINTED NAME AND SIGNATURE<br>/s/ [ ] |  |
| <b>3. BY REVIEWING OFFICIAL</b>   |   |  |  |
| <p><small>COMMENTS OF REVIEWING OFFICIAL</small></p> <p>The COS concurs emphatically with this well-written evaluation. The subject is vastly under-rated in JKLANCE, perhaps because of his quiet, unassuming personality. But he is a strong, very strong, officer. His ability to handle the most difficult detail should not detract from his overall capabilities. He is sound as a rock, and merits a promotion, which is recommended by the COS.</p>   |   |  |  |
| DATE<br>3 Nov 1971  | OFFICIAL TITLE OF REVIEWING OFFICIAL<br>Chief of Station        |  | TYPED OR PRINTED NAME AND SIGNATURE<br>/s/ [ ] |

**SECRET**



C-O-N-F-I-D-E-N-T-I-A-L

TRAINING REPORT

Weapons Training/Defensive Driving Course No. 2/72

4-8 October 1971  
Date

TRAINEE: Piccolo, Joseph S.

OFFICE: WH

PURPOSE AND SCOPE OF COURSE:

The course provides basic proficiency training in the use of weapons for self-defense and in the techniques of defensive driving

ACHIEVEMENT RECORD:

This is to certify that Mr. Piccolo has satisfactorily completed the prescribed course of instruction.

FOR THE DIRECTOR OF TRAINING:

Chief, Special Activities Branch

12 October 1971  
Date

C-O-N-F-I-D-E-N-T-I-A-L



**SECRET**  
(When Filled In)

| FITNESS REPORT   |  |   |   | EMPLOYEE SERIAL NUMBER |                           |
|--|--|---|---|------------------------|---------------------------|
|  |  |   |   | 025658                 |                           |
| <b>SECTION A GENERAL</b>   |  |   |   |                        |                           |
| 1. NAME (Last) (First) (Middle)  |  |   | 2. DATE OF BIRTH  | 3. SEX                 | 4. GRADE 5. SD            |
| Piccolo, Joseph S.   |  |   | 12/08/35  | M                      | GS-12 D                   |
| 6. OFFICIAL POSITION TITLE   |  |   | 7. OFF/DIV/BR OF ASSIGNMENT 8. CURRENT STATION  |                        |                           |
| Ops Officer  |  |   | DDP/WII/Branch 5  |                        |                           |
| 9. CHECK (X) TYPE OF APPOINTMENT   |  |   | 10. CHECK (X) TYPE OF REPORT  |                        |                           |
| <input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY  |  |   | <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR         |                        |                           |
| CAREER-PROVISIONAL (See instructions - Section C)  |  |   | <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE |                        |                           |
| SPECIAL (Specify):   |  |   | SPECIAL (Specify):  |                        |                           |
| 11. DATE REPORT DUE IN O.P.  |  |   | 12. REPORTING PERIOD (From- to-)  |                        |                           |
|  |  |   | 23 June 1970 - 31 December 1970   |                        |                           |
| <b>SECTION B PERFORMANCE EVALUATION</b>  |  |   |   |                        |                           |
| <u>U-Unsatisfactory</u>  |  | Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C. |   |                        |                           |
| <u>M-Marginal</u>  |  | Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.  |   |                        |                           |
| <u>P-Proficient</u>  |  | Performance is satisfactory. Desired results are being produced in the manner expected.   |   |                        |                           |
| <u>S-Strong</u>  |  | Performance is characterized by exceptional proficiency.  |   |                        |                           |
| <u>O-Outstanding</u>   |  | Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.  |   |                        |                           |
| <b>SPECIFIC DUTIES</b>   |  |   |   |                        |                           |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).   |  |   |   |                        |                           |
| SPECIFIC DUTY NO. 1<br>Station FI Chief, supervising [ ] officer directly, [ ] on a part-time basis, and [ ] staffer.  |  |   |   |                        | RATING LETTER<br><b>S</b> |
| SPECIFIC DUTY NO. 2<br>Handles Station [ ] program; makes [ ] (including [ ] importance).  |  |   |   |                        | RATING LETTER<br><b>S</b> |
| SPECIFIC DUTY NO. 3<br>Coordinates FI [ ] activities of the [ ] Bases in [ ]   |  |   |   |                        | RATING LETTER<br><b>S</b> |
| SPECIFIC DUTY NO. 4<br>Handles funds and materials, and financial accountings.   |  |   |   |                        | RATING LETTER<br><b>S</b> |
| SPECIFIC DUTY NO. 5  |  |   |   |                        | RATING LETTER             |
| SPECIFIC DUTY NO. 6  |  |   |   |                        | RATING LETTER             |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>   |  |   |   |                        |                           |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. |  |   |   |                        | RATING LETTER<br><b>S</b> |

19 FEB 1971



**SECRET**

(When Filled In)

| SECTION C   |   | NARRATIVE COMMENTS                  |  |
|---|---|-------------------------------------|--|
| <p><small>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</small></p> |   |                                     |  |
| <p>Subject gets an "S" across the board for a solid performance.</p>  |   |                                     |  |
| <p>This rating officer has worked with Subject on a number of assignments over the past ten years. During this time he has risen from a very junior position to his present grade and responsibility due to steady, solid performance oriented towards operations; i.e. he gets out into the street to practice what he has learned.</p>  |   |                                     |  |
| <p>Only a few days before this report Subject was on-the-scene supervisor of a [redacted] In such operations his experience [redacted] (PBRUMEN) has been evident.</p>  |   |                                     |  |
| <p>Subject is a good manager of JKLANCERS, including one on his first overseas tour, and [redacted] including [redacted] of considerable supervision [redacted] He makes them all work on target. Under his supervision [redacted] of the Station's moderately [redacted] has successfully been moved into the [redacted] Subject uses imagination in his day-by-day work (and handles Station JMROD assignments).</p>  |   |                                     |  |
| <p>His handling of money and records and materials is impeccable.</p>   |   |                                     |  |
| <p>Both Subject and his wife mix well with their colleagues, and</p>  |   |                                     |  |
| SECTION D   |   | CERTIFICATION AND COMMENTS (cont'd) |  |
| 1. BY EMPLOYEE  |   |                                     |  |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT  |   |                                     |  |
| DATE  | SIGNATURE OF EMPLOYEE   |                                     |  |
| 19 Jan. 1971  | /s/ Joseph S. Piccolo   |                                     |  |
| 2. BY SUPERVISOR  |   |                                     |  |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION   | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |                                     |  |
| DATE  | OFFICIAL TITLE OF SUPERVISOR                                    | TYPED OR PRINTED NAME AND SIGNATURE |  |
| 12 Jan. 1971  | COS   | [redacted]                          |  |
| 3. BY REVIEWING OFFICIAL  |   |                                     |  |
| <p>COMMENTS OF REVIEWING OFFICIAL</p> <p style="text-align: center; padding: 20px 0;">I agree with the evaluating officer's comments and would like to cite for emphasis the high degree of professionalism which characterizes Subject's attitude and performance.</p>   |   |                                     |  |
| DATE  | OFFICIAL TITLE OF REVIEWING OFFICIAL                            | TYPED OR PRINTED NAME AND SIGNATURE |  |
| 20 Jan. 1971  | DCOS  | [redacted]                          |  |

**SECRET**



FITNESS REPORT - HOWARD A. TRECKLER

SECTION C (CONT'D)

enhance the LNCUFF image generally. Previously fluent in Spanish, Subject speaks [redacted] well after only a few months in [redacted]

In short, Subject is a solid, professional officer, with his eye and his actions always on the target. He maintains his forward thrust within a framework of prudent judgment, and is maturely deliberate in deciding to take a risk. That's the name of the game.

It is requested that Subject's name be placed on the list of officers being considered for promotion.

Reviewed by OP SPY-PRY



Date of Report  
19 May 1970

1 LANGUAGE TRAINING **SECRET** REPORT

Student Names  
PICCOLO, JOSEPH S.

Officer  
VII

Courses  
FULL-TIME

Inclusive Dates  
01/05/70-04/23/70

Proficiency Level  
Before and After Training

|             | Before | After |
|-------------|--------|-------|
| Speaking    | --     | 4     |
| Aural Comp. | --     | 4     |
| Read Comp.  | --     | 4     |

Instructors Estimate v. Official Test

Hours of Instruction  
Scheduled 400 Actual 200  
Absences 74

LANGUAGE TRAINING AIMS AND EVALUATION CRITERIA

The general aim of this course of study was to provide the student with a command of a foreign language in a skill and at the level set by the sponsoring office. Speaking, aural comprehension and reading comprehension, as required, were emphasized. Fluency and accuracy were given equal importance in training and in evaluation of the student. Cultural matters were covered only incidentally.

This student evaluation is based on (1) Instructor and Linguist observations; (2) regularly administered oral and written achievement tests; (3) a final comprehensive achievement examination. The achievement rating reflects only performance and achievement in the course and is conditioned by the length of time the student spent in training, achievement potential based upon his or her aptitude for language study and upon motivation. This rating should not be confused with the Proficiency Rating which is submitted separately on Form 1273, Certification of Language Proficiency.

PROGRESS IN ACHIEVING COURSE AIMS

(Overall progress in the course is shown as unsatisfactory, marginal, satisfactory, above average, superior when compared against established standards for such training).

| Speaking      | Aural Comprehension | Reading Comprehension |
|---------------|---------------------|-----------------------|
| ABOVE AVERAGE | ABOVE AVERAGE       | ABOVE AVERAGE         |

PERFORMANCE EVALUATION

This student, with no experience in [ ] held his own extremely well in a class with three other students, all of whom had had previous training in the language.

He did especially well in pronunciation and soon succeeded unusually well in eliminating any interference from Spanish. Because of his knowledge of Spanish, the student's ability to read and understand is greater than his ability to speak.

His mastery of the course material was very good. His oral use of the language was generally limited to short sentences. In longer sentences he had a tendency to get lost in mistakes of syntax. He was almost always aware of his mistakes and would correct them himself, at the completion of a sentence. He always responded well to correction.

The areas in grammar presenting problems were 1) use of the subjunctive 2) a tendency to overlook, or sidestep, idiomatic expressions 3) failure to

See reverse side for additional comment

[ ]

Instructor

[ ]

Department Chief  
Language School/OTR

For the Director of Training:

SECRET

EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION



use the preposition with certain verbs requiring the use of a preposition with dependent infinitives.

In my judgment, the student already has the ability to use the language effectively in basic, every-day situations. After a matter of months in the foreign environment he should be able to function effectively in all job-related situations. Because he was extremely diligent and conscientious, he would be an excellent candidate for further language training.



**SECRET**

(When Filled In)

| <b>FITNESS REPORT</b>  |  |  |  |  |                    | EMPLOYEE SERIAL NUMBER |                           |
|--|--|--|--|--|--------------------|------------------------|---------------------------|
| <b>SECTION A GENERAL</b>   |  |  |  |  |                    | V2508658               |                           |
| 1. NAME (Last) (First) (Middle)  |  |  | 2. DATE OF BIRTH                                       |  | 3. SEX             | 4. GRADE               | 5. SD                     |
| Blusillo, Joseph, S.   |  |  | 12/2/31  |  | M                  | GS-12                  | D                         |
| 6. OFFICIAL POSITION TITLE   |  |  | 7. OFFICIAL OR OF ASSIGNMENT                           |  | 8. CURRENT STATION |                        |                           |
| Off. Officer   |  |  | DUP. 11/1/68-11/1/69                                   |  |                    |                        |                           |
| 9. CHECK (X) TYPE OF APPOINTMENT   |  |  | 10. CHECK (X) TYPE OF REPORT                           |  |                    |                        |                           |
| <input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> INITIAL   |  |  | <input type="checkbox"/> REASSIGNMENT SUPERVISOR       |  |                    |                        |                           |
| <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)   |  |  | <input type="checkbox"/> REASSIGNMENT EMPLOYEE         |  |                    |                        |                           |
| <input type="checkbox"/> SPECIAL (Specify):  |  |  | <input checked="" type="checkbox"/> SPECIAL (Specify): |  |                    |                        |                           |
| 11. DATE REPORT DUE IN O.P.  |  |  | 12. REPORTING PERIOD (From - to)                       |  |                    |                        |                           |
|  |  |  | 22 June 1970 - 31 December 1970                        |  |                    |                        |                           |
| <b>SECTION B PERFORMANCE EVALUATION</b>  |  |  |  |  |                    |                        |                           |
| <b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.  |  |  |  |  |                    |                        |                           |
| <b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.   |  |  |  |  |                    |                        |                           |
| <b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.  |  |  |  |  |                    |                        |                           |
| <b>S-Strong</b> Performance is characterized by exceptional proficiency.   |  |  |  |  |                    |                        |                           |
| <b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.  |  |  |  |  |                    |                        |                           |
| <b>SPECIFIC DUTIES</b>   |  |  |  |  |                    |                        |                           |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).   |  |  |  |  |                    |                        |                           |
| SPECIFIC DUTY NO. 1<br><b>Station FI Chief, supervising [ ] officer directly, [ ] on a part-time basis, and [ ] staffer.</b>   |  |  |  |  |                    |                        | RATING LETTER<br><b>S</b> |
| SPECIFIC DUTY NO. 2<br><b>Handles Station [ ] program; makes [ ] (including one of [ ]).</b>   |  |  |  |  |                    |                        | RATING LETTER<br><b>S</b> |
| SPECIFIC DUTY NO. 3<br><b>Coordinates FI, [ ] activities of the [ ] Bases in [ ]</b>   |  |  |  |  |                    |                        | RATING LETTER<br><b>S</b> |
| SPECIFIC DUTY NO. 4<br><b>Handles funds and materials, and financial accountings.</b>  |  |  |  |  |                    |                        | RATING LETTER<br><b>S</b> |
| SPECIFIC DUTY NO. 5  |  |  |  |  |                    |                        | RATING LETTER             |
| SPECIFIC DUTY NO. 6  |  |  |  |  |                    |                        | RATING LETTER             |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>   |  |  |  |  |                    |                        |                           |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. |  |  |  |  |                    |                        | RATING LETTER<br><b>S</b> |

**SECRET**



SECRET

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Subject gets an "S" across the board for a solid performance.

This rating officer has worked with Subject on a number of assignments over the past ten years. During this time he has risen from a very junior position to his present grade and responsibility due to steady, solid performance oriented towards operations; i.e. he gets out into the street to practice what he has learned.

Only a few days before this report Subject was on-the-scene supervisor of a [redacted] In such operations his experience against a [redacted] (PBRUMEN) has been evident.

Subject is a good manager of JELANCERS, including one on his first overseas tour, and [redacted] including [redacted] of considerable supervision [redacted] He makes them all work on target. Under his supervision [redacted] of the Station's [redacted] has successfully been moved into the [redacted] Subject uses imagination in his day-by-day work (and handles Station JMBOD assignments).

His handling of money and records and materials is impeccable.

Both Subject and his wife mix well with their colleagues, and

SECTION D

CERTIFICATION AND COMMENTS

(cont'd)

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

19 Jan. 1971

SIGNATURE OF EMPLOYEE

/s/ Joseph S. Piccolo

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

12 Jan. 1971

OFFICIAL TITLE OF SUPERVISOR

COS

TYPED OR PRINTED NAME AND SIGNATURE

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I agree with the evaluating officer's comments and would like to cite for emphasis the high degree of professionalism which characterizes Subject's attitude and performance.

DATE

20 Jan. 1971

OFFICIAL TITLE OF REVIEWING OFFICIAL

DCOS

TYPED OR PRINTED NAME AND SIGNATURE

SECRET



**FITNESS REPORT - HOWARD A. TRECKLER**

**SECTION C (CONT'D)**

enhance the LNCUFF image generally. Previously fluent in Spanish, Subject speaks [redacted] well after only a few months in [redacted]

In short, Subject is a solid, professional officer, with his eye and his actions always on the target. He maintains his forward thrust within a framework of prudent judgment, and is maturely deliberate in deciding to take a risk. That's the name of the game.

It is requested that Subject's name be placed on the list of officers being considered for promotion.



**SECRET**  
(When Filled In)

|   |  |   |   |                           |
|---|--|---|---|---------------------------|
| <b>FITNESS REPORT</b>   |  |   | EMPLOYEE SERIAL NUMBER<br><b>025658</b> |                           |
| <b>SECTION A GENERAL</b>  |  |   |   |                           |
| 1. NAME (Last) (First) (Middle)   |  | 2. DATE OF BIRTH (M, D, Y)  |   | 3. GRADE 4. SD            |
| <b>Piccolo, Joseph S.</b>   |  | <b>12/08/35 M</b>   |   | <b>GS-12 D</b>            |
| 5. OFFICIAL POSITION TITLE  |  | 7. OFF. DIV. OR OF ASSIGNMENT   |   | 6. CURRENT STATION        |
| <b>Ops Officer</b>  |  | <b>DDP/WH/COG</b>   |   | <b>Headquarters</b>       |
| 9. CHECK (X) TYPE OF APPOINTMENT  |  | 10. CHECK (X) TYPE OF REPORT  |   |                           |
| <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY<br><input type="checkbox"/> CAREER-PROVINCIAL (See instructions - Section C)   |  | <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR<br><input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE |   |                           |
| SPECIAL (Specify)   |  | SPECIAL (Specify)   |   |                           |
| 11. DATE REPORT DUE IN O.P.   |  | 12. REPORTING PERIOD (From - to)  |   |                           |
| <b>January 1970</b>   |  | <b>15 January 1969 - 31 December 1969</b>   |   |                           |
| <b>SECTION B PERFORMANCE EVALUATION</b>   |  |   |   |                           |
| <b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.<br><br><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.<br><br><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.<br><br><b>S-Strong</b> Performance is characterized by exceptional proficiency.<br><br><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition. |  |   |   |                           |
| <b>SPECIFIC DUTIES</b>  |  |   |   |                           |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).  |  |   |   |                           |
| SPECIFIC DUTY NO. 1<br>1. Is responsible for providing Headquarters' guidance and support to WH/Miami and other Field Stations concerning [redacted] operations; corresponds with the Field.  |  |   |   | RATING LETTER<br><b>S</b> |
| SPECIFIC DUTY NO. 2<br>2. Is Headquarters case officer handling several [redacted]  |  |   |   | RATING LETTER<br><b>S</b> |
| 3. Maintains liaison with Office of Communications, TSD, Security, Finance, Cover, and other Headquarters components.   |  |   |   | RATING LETTER<br><b>P</b> |
| SPECIFIC DUTY NO. 3<br>4. Maintains liaison with the [redacted] and with the [redacted] representative of [redacted]  |  |   |   | RATING LETTER<br><b>P</b> |
| SPECIFIC DUTY NO. 4<br>5. Prepares studies for the Division and the DDP concerning [redacted] collection activities.  |  |   |   | RATING LETTER<br><b>P</b> |
| SPECIFIC DUTY NO. 5<br>6. Monitors developments in Cuba affecting the conduct of our [redacted] operations, especially developments involving the [redacted]  |  |   |   | RATING LETTER<br><b>P</b> |
| SPECIFIC DUTY NO. 6<br>7. Supervises an intelligence assistant and a secretary.   |  |   |   | RATING LETTER<br><b>S</b> |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>  |  |   |   |                           |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.   |  |   |   | RATING LETTER<br><b>S</b> |

**SECRET**



**SECRET**

(When Filled In)

**SECTION C**

**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

(This report is being written not by, but after consultation with, Subject's immediate supervisor, who is temporarily assigned elsewhere. The writer is one step removed from immediate supervision of Subject and has worked with him only since October 1969. In what follows, there is no difference of opinion between the supervisor and the writer, and statements not specifically attributed to one or the other represent the judgment and observation of both.)

Subject is an experienced officer whose primary field, [redacted] is by definition difficult and frustrating and has recently become more so owing to developments beyond his control. Despite this situation he has continued to support successfully the most productive [redacted] that the Agency has.

The [redacted] of a major [redacted] during the reporting period was due not to any deficiency on Subject's part but rather to a general lack of Agency control over the operation from its inception. In any case, it is to Subject's credit that he wrote a candid and thorough [redacted] report on the case (Writer).

**SECTION D**

**CERTIFICATION AND COMMENTS**

|   |   |            |
|---|---|------------|
| 1. BY EMPLOYEE  |   |            |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT  |   |            |
| DATE<br>30 Jan 1970   | SIGNATURE OF EMPLOYEE<br><i>[Signature]</i>                     |            |
| 2. BY SUPERVISOR  |   |            |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION<br>Pls see above  | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |            |
| DATE<br>30 January 1970   | OFFICIAL TITLE OF SUPERVISOR<br>Chief, WH/COG/OPS               | [redacted] |
| 3. BY REVIEWING OFFICIAL  |   |            |
| COMMENTS OF REVIEWING OFFICIAL<br>Based on 3 months experience in dealing with subject I have found him to be a thoroughly professional operations officer who shows good judgement and makes good use of his field experience in carrying out his function as COG's [redacted] case officer. He performs with a minimum of supervision and is most perceptive in monitoring activities and events related to his area of activity. I believe Mr. Piccolo has considerable potential for moving up to more important positions. |   |            |
| DATE<br>3 February 1970   | OFFICIAL TITLE OF REVIEWING OFFICIAL<br>Deputy Chief, WH/COG    | [redacted] |

**SECRET**



SECTION C

NARRATIVE COMMENTS

/continued/

Subject's in-house liaison has been effective, as has his liaison with the [redacted] (Supervisor). It does not appear that liaison with the [redacted]

[redacted] of operational matters has been used to its fullest potential, although it should also be noted that this responsibility is not purely Subject's.

Subject appears to be a thoughtful and effective supervisor who is concerned with the further training and development of those under his supervision (Supervisor).



SECRET

TECHNICAL SERVICES DIVISION -- TECHNICAL SCHOOL

[Redacted]

Training Report

Name : PICCOLO, Joseph S.  
Office: WH/COG  
Date : 6 June 1969

1. OBJECTIVES:

To provide a general knowledge in:

- a. [Redacted] Included are representative samples of:

[Redacted]

- b. The philosophy, purpose, considerations and manageability of [Redacted] systems; including [Redacted] security, reliability and feasibility of [Redacted]

[Redacted]

[Redacted]

INSTRUCTOR  
TSD/TECHNICAL SCHOOL

SECRET





**SECRET**  
(When Filled In)

| FITNESS REPORT  |  |  |   |  |                               | EMPLOYEE SERIAL NUMBER    |  |  |
|---|--|--|---|--|-------------------------------|---------------------------|--|--|
|   |  |  |   |  |                               | 025658                    |  |  |
| <b>SECTION A GENERAL</b>  |  |  |   |  |                               |                           |  |  |
| 1. NAME<br>(Last)      (First)      (Middle)<br><b>Piccolo      Joseph      S.</b>  |  |  | 2. DATE OF BIRTH<br><b>12/08/35</b>   |  | 3. SEX<br><b>M</b>            |                           | 4. GRADE      5. SD<br><b>GS-12      D</b> |  |
| 6. OFFICIAL POSITION TITLE<br><b>Ops Officer</b>  |  |  | 7. OFF/DIV/BR OF ASSIGNMENT<br><b>DDP/WH/2</b>  |  | 8. CURRENT STATION<br><b></b> |                           |  |  |
| 9. CHECK (X) TYPE OF APPOINTMENT  |  |  | 10. CHECK (X) TYPE OF REPORT  |  |                               |                           |  |  |
| <input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY<br><input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)<br><input type="checkbox"/> SPECIAL (Specify):  |  |  | <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR<br><input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE<br><input type="checkbox"/> SPECIAL (Specify): |  |                               |                           |  |  |
| 11. DATE REPORT DUE IN O.P.   |  |  | 12. REPORTING PERIOD (From - to)<br><b>27 Apr 68-15 January 1969</b>  |  |                               |                           |  |  |
| <b>SECTION B PERFORMANCE EVALUATION</b>   |  |  |   |  |                               |                           |  |  |
| <p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |  |  |   |  |                               |                           |  |  |
| <b>SPECIFIC DUTIES</b>  |  |  |   |  |                               |                           |  |  |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).  |  |  |   |  |                               |                           |  |  |
| SPECIFIC DUTY NO. 1 <b>Overall</b> responsibilities with the <b></b> with emphasis on guidance of the Special Unit. This was his principal duty during his service in <b></b> and outweighs the other duties noted below. <b>DESI</b>   |  |  |   |  |                               | RATING LETTER<br><b>S</b> |  |  |
| SPECIFIC DUTY NO. 2 <b>Processing into disseminable intelligence of raw reports produced by</b> <b></b> <b>preparation of cables and operational dispatches.</b> <b>DEZ1</b>  |  |  |   |  |                               | RATING LETTER<br><b>P</b> |  |  |
| SPECIFIC DUTY NO. 3 <b>Handling of</b> <b></b> <b>(ERRATIC-5) and of other miscellaneous operational duties as assigned.</b> <b>DE62</b>  |  |  |   |  |                               | RATING LETTER<br><b>S</b> |  |  |
| SPECIFIC DUTY NO. 4 <b>Acting as Chief of Station in the absence of the COS.</b>  |  |  |   |  |                               | RATING LETTER<br><b>S</b> |  |  |
| SPECIFIC DUTY NO. 5   |  |  |   |  |                               | RATING LETTER             |  |  |
| SPECIFIC DUTY NO. 6   |  |  |   |  |                               | RATING LETTER             |  |  |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>  |  |  |   |  |                               |                           |  |  |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.  |  |  |   |  |                               | RATING LETTER<br><b>S</b> |  |  |



**SECRET**

(When Filled In)

**SECTION C**

**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

This officer made excellent progress in working with the [redacted] and was notable in his efforts to [redacted] train, and direct rather than simply sit back and accept the intelligence product. His [redacted] is the single most important operation of Station [redacted] and it could not have been in better hands. His [redacted] of the [redacted] were based on mutual friendship and respect and [redacted] was sorry to see him leave as was the Station. He also earned the friendship and respect of his colleagues and [redacted] personnel of all levels and had rare success in his dealings with administrative personnel of the [redacted]

It is difficult for the rating officer to stand back and be flatly objective about this fine employee who is a friend of many years standing and who impressed the rating officer years ago as an officer of rare potential. His tour in [redacted] was cut short by a personal tragedy (illness and death of a minor dependent) which set into motion a transfer which could not later be reversed. Despite the pressures of this tragedy, this employee performed at a high level throughout this service in [redacted] and both he and his charming wife proved outstanding examples of "true grit." His tour in [redacted] proved him once again to be a mature, competent professional who should be able to advance to high positions in the organization. He accepts responsibility well--acted without hesitation

(continued)

**SECTION D**

**CERTIFICATION AND COMMENTS**

|   |  |   |
|---|--|---|
| 1. BY EMPLOYEE  |  |   |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT                                      |  |   |
| DATE<br>11 Feb 1969   | SIGNATURE OF EMPLOYEE<br><i>Joseph L. Piccolo</i>  |   |
| 2. BY SUPERVISOR  |  |   |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION<br>9 months   | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION<br>Employee left PCS prior to preparation of report. Should be shown to him at Headquarters. |   |
| DATE<br>15 January 1969   | OFFICIAL TITLE OF SUPERVISOR<br>Chief of Station   | TYPED OR PRINTED NAME AND SIGNATURE<br>/s/ Robert T. Shaw |
| 3. BY REVIEWING OFFICIAL  |  |   |
| COMMENTS OF REVIEWING OFFICIAL<br><br>I concur with the rating officer's evaluation of Mr. Piccolo. |  |   |
| DATE<br>11 Feb 1969   | OFFICIAL TITLE OF REVIEWING OFFICIAL<br>C/WII/2  |   |

**SECRET**



S-E-C-R-E-T

SECTION C, continued

(when serving as Acting Chief of Station during the COS' absence on home leave. He has rare ability to see the relevant and has the courage of his convictions--will argue a point. Physically slow moving--given to ambling like a tired old bear--he can be quite deceiving in an age which seems to specialize in rapidly moving young men-on-the-go. There is no wheel spinning about this officer and no sham. He has his eye on the future and moves along relentlessly in that direction. Obstacles bother him but don't deter him. He is in short a steady, dependable man with forward momentum.

One area in which he could use some improvement is in his writing. This has been discussed with him. The rating officer has recommended that he take a course in effective written English. His writing is at times vague and convoluted.

His fine performance was rewarded in September 1968 with a much-merited grade promotion so he cannot be recommended for promotion at this time. It is recommended, however, that he be given a position with head room to allow for advancement to higher grade as soon as he is eligible. The rating officer would be pleased to serve with this officer at any time, any place.

S-E-C-R-E-T



**SECRET**

(When Filled In)

|  |  |  |  |   |   |
|--|--|--|--|---|---|
| <b>FITNESS REPORT</b>  |  |  |  | EMPLOYEE SERIAL NUMBER<br><b>025658</b> |   |
| <b>SECTION A GENERAL</b>   |  |  |  |   |   |
| 1. NAME (Last) (First) (Middle)<br><b>Piccolo, Joseph S.</b>   |  |  | 2. DATE OF BIRTH<br><b>12/8/35</b>   | 3. SEX<br><b>M</b>                      | 4. GRADE<br><b>GS-11</b>                    |
| 5. OFFICIAL POSITION TITLE<br><b>Ops Officer</b>   |  |  | 7. OFF. DIV. OR OF ASSIGNMENT<br><b>WH/1</b>   |   | 8. CURRENT STATION<br><b>Mexico City</b>    |
| 9. CHECK (X) TYPE OF APPOINTMENT   |  |  | 10. CHECK (X) TYPE OF REPORT   |   |   |
| <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY   |  |  | <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR                    |   |   |
| <input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)   |  |  | <input checked="" type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE |   | <input type="checkbox"/> SPECIAL (Specify): |
| 11. DATE REPORT DUE IN O.P.  |  |  | 12. REPORTING PERIOD (From - to)<br><b>May 1966 - 30 October 1967</b>                                |   |   |
| <b>SECTION B PERFORMANCE EVALUATION</b>  |  |  |  |   |   |
| <b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.<br><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.<br><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.<br><b>S - Strong</b> Performance is characterized by exceptional proficiency.<br><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition. |  |  |  |   |   |
| <b>SPECIFIC DUTIES</b>   |  |  |  |   |   |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).   |  |  |  |   |   |
| SPECIFIC DUTY NO. 1<br><b>Agent handling and exploitation. Acts as case officer for a variety of operations including a [ ] operation.</b>   |  |  |  |   | RATING LETTER<br><b>S</b>                   |
| SPECIFIC DUTY NO. 2<br><b>Administrative management of project activities.</b>   |  |  |  |   | RATING LETTER<br><b>S</b>                   |
| SPECIFIC DUTY NO. 3<br><b>Operational planning (target analysis etc.)</b>  |  |  |  |   | RATING LETTER<br><b>S</b>                   |
| SPECIFIC DUTY NO. 4<br><b>Programming and handling of covert action activities.</b>  |  |  |  |   | RATING LETTER<br><b>S</b>                   |
| SPECIFIC DUTY NO. 5<br><b>Reporting and processing of intelligence information</b>   |  |  |  |   | RATING LETTER<br><b>P</b>                   |
| SPECIFIC DUTY NO. 6  |  |  |  |   | RATING LETTER                               |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>   |  |  |  |   |   |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.   |  |  |  |   | RATING LETTER<br><b>S</b>                   |



**SECRET**

(When Filled In)

**SECTION C**

**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify explanations given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

This young case officer has displayed considerable professionalism after only a relatively short time in the clandestine operations field. He is very versatile and resourceful and has shown a high amount of initiative. He is at his best as an agent handler and has developed close relationship with the assets entrusted to him. He has been helped in this by a high degree of fluency in Spanish and his pleasant personality. His reporting, particularly his callbo writing still leave room for improvement, but on the whole, this officer has been one of the mainstays of the PBRUMEN Section during his tour, which unfortunately has been marred by poor health.

**SECTION D**

**CERTIFICATION AND COMMENTS**

|  |   |   |
|--|---|---|
| 1. BY EMPLOYEE   |   |   |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT   |   |   |
| DATE<br>30 Nov 67  | SIGNATURE<br>[Redacted] /s/ Joseph S. Piccolo                   |   |
| 2. BY SUPERVISOR   |   |   |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION<br>16 months   | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |   |
| DATE<br>30 Nov. 1967   | OFFICIAL TITLE OF SUPERVISOR<br>Ops Officer                     | TYPED OR PRINTED NAME AND SIGNATURE<br>[Redacted] |
| 3. BY REVIEWING OFFICIAL   |   |   |
| COMMENTS OF REVIEWING OFFICIAL<br><br>I fully concur with the comments of the rating officer. Subject is an excellent case officer suitable for assignment either outside or under official cover. He needs further training in written staff work, however, and at a convenient moment in his career would benefit greatly from intensive training in reports writing, rapid reading, and related subjects. |   |   |
| DATE<br>30 Nov. 1967   | OFFICIAL TITLE OF REVIEWING OFFICIAL<br>Chief of Station        | TYPED OR PRINTED NAME AND SIGNATURE<br>[Redacted] |

**SECRET**



S-E-C-R-E-T

Training Report

Field Finance and Logistics Course No. 5 -68 18 March - 5 April 1968  
(Three Weeks, full time) 120 hours (date)

Student : Piceolo, Joseph

Year of birth: 1935

Office

: WH

Grade : GS-11

Service Designation

: D

EOD Date : 0862

Number of Students - Logistics:

Finance : ☐

COURSE OBJECTIVES

The principal objective of this course is to prepare students for logistics and finance responsibilities at Class B or C and Type II or III field stations. The course familiarizes students with techniques, regulations, and procedures as they pertain to finance, logistics, foreign travel, personnel and physical security at a field station. Emphasis is placed on practical applications; therefore, students concentrate on

S-E-C-R-E-T



S-E-C-R-E-T

ACHIEVEMENT RECORD

|  |
|--|
|  |
|--|

Grades are given in accordance with the fitness report system.  
(Weak, Adequate, Proficient, Strong, and Outstanding)

TEST RESULTS:

|  |   |
|--|---|
|  | S |
|  | O |
|  | P |

NARRATIVE COMMENTS:

Mr. Piccolo had difficulty in the computation of per diem. If his future duties will include responsibility for travel, I suggest that additional instruction in per diem computation be given him.

FOR THE DIRECTOR OF TRAINING:

|  |
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|--|

Instructor

S-E-C-R-E-T



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\_\_\_\_\_

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**SECRET**  
(When Filled In)

| FITNESS REPORT  |  |  |  | EMPLOYEE SERIAL NUMBER |  |
|---|--|--|--|------------------------|--|
|   |  |  |  | 025658 ✓               |  |
| <b>SECTION A GENERAL</b>  |  |  |  |                        |  |
| 1. NAME (Last) (First) (Middle)<br><b>PICCOLO Joseph S.</b>   |  |  | 2. DATE OF BIRTH<br><b>10/20/48</b>  | 3. SEX<br><b>M</b>     | 4. GRADE<br><b>GS-11</b>               |
| 5. OFFICIAL POSITION TITLE<br><b>Ops Officer</b>  |  |  | 7. OFF/DIV OR OF ASSIGNMENT<br><b>DDP/WH-1</b>   |                        | 6. CURRENT STATION<br><b>Waco, Tex</b> |
| 9. CHECK (X) TYPE OF APPOINTMENT  |  |  | 10. CHECK (X) TYPE OF REPORT   |                        |  |
| <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY<br><input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)<br><input type="checkbox"/> SPECIAL (Specify):   |  |  | <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL<br><input type="checkbox"/> REASSIGNMENT SUPERVISOR<br><input type="checkbox"/> REASSIGNMENT EMPLOYEE<br><input type="checkbox"/> SPECIAL (Specify): |                        |  |
| 11. DATE REPORT DUE IN O.P.   |  |  | 12. REPORTING PERIOD (From - to)<br><b>June 1966 to September 1966</b>   |                        |  |
| <b>SECTION B PERFORMANCE EVALUATION</b>   |  |  |  |                        |  |
| <p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |  |  |  |                        |  |
| <b>SPECIFIC DUTIES</b>  |  |  |  |                        |  |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).  |  |  |  |                        |  |
| SPECIFIC DUTY NO. 1<br>Agent handling and exploitation. Serves as case officer to a variety of agents including;  |  |  |  |                        | RATING LETTER<br><b>O</b>              |
| SPECIFIC DUTY NO. 2<br>Administrative management of project activities including accounting, funding, etc.  |  |  |  |                        | RATING LETTER<br><b>A</b>              |
| SPECIFIC DUTY NO. 3<br>Operational reporting, including contact reports, operational progress reports, etc.   |  |  |  |                        | RATING LETTER<br><b>P</b>              |
| SPECIFIC DUTY NO. 4<br>Reporting and dissemination of intelligence information  |  |  |  |                        | RATING LETTER<br><b>S</b>              |
| SPECIFIC DUTY NO. 5<br>Target analysis; preparation and implementation of plans for new operations  |  |  |  |                        | RATING LETTER<br><b>P</b>              |
| SPECIFIC DUTY NO. 6<br>Conception and initiation of covert action programs in support of U.S. operations  |  |  |  |                        | RATING LETTER<br><b>S</b>              |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>  |  |  |  |                        |  |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or restraints. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.   |  |  |  |                        | RATING LETTER<br><b>S</b>              |



**SECRET**

(When Filled In)

**SECTION C**

**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Mention of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

SEP 28 3 30 PM '66

This employee has continued to perform in the manner described in detail under this section in the last Fitness report prepared by the same rating officer (May 1966). He has had to assume an even heavier work load owing to the imminent transfer of his supervisor whose personal assets have of necessity been turned over to this employee. His health has not improved as expected and it is felt that he should be sent to HOLADY for a complete medical check-up as soon as he can be spared for the time required.

Once again, it is recommended that this officer be promoted as soon as possible to GS-11.

**SECTION D**

**CERTIFICATION AND COMMENTS**

|  |   |                                     |
|--|---|-------------------------------------|
| <b>1. BY EMPLOYEE</b>  |   |                                     |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT   |   |                                     |
| DATE   | SIGNATURE OF EMPLOYEE   |                                     |
| 9 September 1966   | /s/ Joseph S. Piccolo   |                                     |
| <b>2. BY SUPERVISOR</b>  |   |                                     |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION<br>4 months TDY<br>11 months PCS   | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |                                     |
| DATE   | OFFICIAL TITLE OF SUPERVISOR                                    | TYPED OR PRINTED NAME AND SIGNATURE |
| 9 September 1966   | Ops Officer<br>XXXXXXXXXXXXXX                                   | /s/ Robert T. Shaw                  |
| <b>3. BY REVIEWING OFFICIAL</b>  |   |                                     |
| COMMENTS OF REVIEWING OFFICIAL   |   |                                     |
| The Reviewing Officer agrees with the Ratings and the Comments of the Supervisor of this officer which are reflected in this Fitness Report. |   |                                     |
| DATE   | OFFICIAL TITLE OF REVIEWING OFFICIAL                            | TYPED OR PRINTED NAME AND SIGNATURE |
|  | Chief of Station  | /s/ Elnston Scott                   |

**SECRET**



**SECRET**  
(When Filled In)

| FITNESS REPORT  |  |  |  | EMPLOYEE SERIAL NUMBER |                                  |
|---|--|--|--|------------------------|----------------------------------|
|   |  |  |  | 025658                 |                                  |
| <b>SECTION A</b>  |  |  | <b>GENERAL</b>   |                        |                                  |
| 1. NAME (Last) (First) (Middle)<br><b>PICCOLO, Joseph S.</b>  |  |  | 2. DATE OF BIRTH<br><b>12/8/35</b>   | 3. SEX<br><b>M</b>     | 4. GRADE 5. SD<br><b>GS-10 D</b> |
| 5. OFFICIAL POSITION TITLE<br><b>Ops Officer</b>  |  |  | 7. OFF/DIV/BR OF ASSIGNMENT 8. CURRENT STATION<br><b>DDP/WH/1 Mexico City</b>  |                        |                                  |
| 9. CHECK (X) TYPE OF APPOINTMENT  |  |  | 10. CHECK (X) TYPE OF REPORT   |                        |                                  |
| <input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY<br><input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)<br>SPECIAL (Specify):   |  |  | <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR<br><input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE<br><input checked="" type="checkbox"/> SPECIAL (Specify): To support promotion req. |                        |                                  |
| 11. DATE REPORT DUE IN O.P.<br><b>1 June 1966</b>   |  |  | 12. REPORTING PERIOD (From - to)<br><b>October 1965 to May 1966</b>  |                        |                                  |
| <b>SECTION B</b>  |  |  | <b>PERFORMANCE EVALUATION</b>  |                        |                                  |
| <p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |  |  |  |                        |                                  |
| <b>SPECIFIC DUTIES</b>  |  |  |  |                        |                                  |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).  |  |  |  |                        |                                  |
| SPECIFIC DUTY NO. 1<br><b>Agent handling and exploitation. Serves as case officer to a variety of agents including [redacted]</b>   |  |  |  |                        | RATING LETTER<br><b>O</b>        |
| SPECIFIC DUTY NO. 2<br><b>Administrative management of project activities including accountings, funding, etc.</b>  |  |  |  |                        | RATING LETTER<br><b>S</b>        |
| SPECIFIC DUTY NO. 3<br><b>Operational reporting, including contact reports, operational progress reports, etc.</b>  |  |  |  |                        | RATING LETTER<br><b>S</b>        |
| SPECIFIC DUTY NO. 4<br><b>Reporting and dissemination of intelligence information.</b>  |  |  |  |                        | RATING LETTER<br><b>S</b>        |
| SPECIFIC DUTY NO. 5<br><b>Target analysis and preparation of plans for mounting new operations.</b>   |  |  |  |                        | RATING LETTER<br><b>P</b>        |
| SPECIFIC DUTY NO. 6<br><b>Conception and initiation of covert action programs in support of FI/CI operations.</b>   |  |  |  |                        | RATING LETTER<br><b>O</b>        |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>  |  |  |  |                        |                                  |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.  |  |  |  |                        | RATING LETTER<br><b>S</b>        |

27 MAY 1966



SECRET

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance and recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

This employee has turned in a consistently fine performance since his assignment to Mexico City. Every going operation assigned to him has shown marked improvement under his tutelage, most notably the PERUMEN [redacted] which has finally developed into a highly productive enterprise under the guidance of this officer. He is handling a sensitive PERUMEN [redacted] case in a most professional manner. His operational reporting is exemplary and his writing style, once somewhat obtuse, has shown steady improvement. Despite a relatively short period in the role of field case officer, he has won the admiration and respect of colleagues and agent assets alike. He has a winning way with people - a reflection of his sincere interest in them. He has a high degree of initiative and drive, is imaginative and resourceful. In operations he shows a welcome degree of aggressiveness. His supervisory ability, except as exercised indirectly through others, has not yet been sufficiently put to the test to enable the rating officer to make a determination, but it appears that he already possesses the essentials of a good supervisor. He has had some health problems in Mexico but in spite of these has not let up in any way in his work. Indeed, one wonders what he would be capable of if he were in perfect health given the high level of performance to date.

It is a pleasure for the rating officer to go on record as stating that never in his 18 plus years with the organization has he had the pleasure of serving with a more promising young case officer.

It is recommended that he be promoted to GS-11 as soon as eligible.

In addition to the period covered by this report (Oct 65-May 66) this employee served at the Mexico City Station in TDY status from April 65 to Aug. 65. His performance time was also taken under certification and comments.

|  |   |                                     |
|--|---|-------------------------------------|
| 1. BY EMPLOYEE   |   |                                     |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT   |   |                                     |
| DATE   | SIGNATURE OF EMPLOYEE   |                                     |
| 12 May 1966  | /s/ Joseph S. Piccolo   |                                     |
| 2. BY SUPERVISOR   |   |                                     |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION  | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |                                     |
| 4 months TDY<br>7 months PCS   |   |                                     |
| DATE   | OFFICIAL TITLE OF SUPERVISOR                                    | TYPED OR PRINTED NAME AND SIGNATURE |
| 12 May 1966  | Ops Officer   | /s/ Robert T. Shaw                  |
| 3. BY REVIEWING OFFICIAL   |   |                                     |
| COMMENTS OF REVIEWING OFFICIAL   |   |                                     |
| <p>The reviewing officer concurs in the comments of the rater. I have observed this officer closely during his tour at the Station. He has largely overcome a tendency to freewheel somewhat and shows an increasing willingness to accept guidance from more experienced officers. Compared with other officers of the same grade at this Station, it is my belief that his overall performance should be rated O rather than S.</p> <p>In the Station's view he is a young officer who should advance steadily and with more experience should be able to handle a demanding assignment.</p> |   |                                     |
| DATE   | OFFICIAL TITLE OF REVIEWING OFFICIAL                            | TYPED OR PRINTED NAME AND SIGNATURE |
| 12 May 1966  | Deputy Chief of Station   | /s/ Alan P. White                   |

SECRET



**SECRET**  
(When Filled In)

| FITNESS REPORT  |  |  |  | EMPLOYEE SERIAL NUMBER |                           |
|---|--|--|--|------------------------|---------------------------|
|   |  |  |  | 025658                 |                           |
| <b>SECTION A GENERAL</b>  |  |  |  |                        |                           |
| 1. NAME (Last) (First) (Middle)<br><b>PICCOLO, Joseph S.</b>  |  |  | 2. DATE OF BIRTH<br><b>6 December 35</b>   | 3. SEX<br><b>M</b>     | 4. GRADE<br><b>GS-10</b>  |
| 5. OFFICIAL POSITION TITLE<br><b>Ops Officer</b>  |  |  | 6. OFF DIV/BN OF ASSIGNMENT<br><b>DDP/WH/3uba</b>  |                        |                           |
| 7. CHECK (X) TYPE OF APPOINTMENT  |  |  | 8. CURRENT STATION<br><b>Headquarters</b>  |                        |                           |
| <input checked="" type="checkbox"/> CAREER<br><input type="checkbox"/> RESERVE<br><input type="checkbox"/> TEMPORARY<br><input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)<br><input type="checkbox"/> SPECIAL (Specify):   |  |  | 9. CHECK (X) TYPE OF REPORT<br><input type="checkbox"/> INITIAL<br><input checked="" type="checkbox"/> ANNUAL<br><input type="checkbox"/> SPECIAL (Specify): |                        |                           |
| 10. DATE REPORT DUE IN O.P.   |  |  | 11. REPORTING PERIOD (From - to)<br><b>16 Dec 65 - 30 Sept 1965</b>  |                        |                           |
| <b>SECTION B PERFORMANCE EVALUATION</b>   |  |  |  |                        |                           |
| <p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |  |  |  |                        |                           |
| <b>SPECIFIC DUTIES</b>  |  |  |  |                        |                           |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).  |  |  |  |                        |                           |
| SPECIFIC DUTY NO. 1   |  |  |  |                        | RATING LETTER             |
| Please note other side  |  |  |  |                        |                           |
| SPECIFIC DUTY NO. 2   |  |  |  |                        | RATING LETTER             |
| SPECIFIC DUTY NO. 3   |  |  |  |                        | RATING LETTER             |
| SPECIFIC DUTY NO. 4   |  |  |  |                        | RATING LETTER             |
| SPECIFIC DUTY NO. 5   |  |  |  |                        | RATING LETTER             |
| SPECIFIC DUTY NO. 6   |  |  |  |                        | RATING LETTER             |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>  |  |  |  |                        |                           |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.  |  |  |  |                        | RATING LETTER<br><b>S</b> |
| <b>15 DEC 1965</b>  |  |  |  |                        |                           |



**SECRET**

(When Filled In)

**SECTION C**

**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current performance in perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Dispatch HMMT - 5685 dated 13 August 1965 from COS - Mexico City

" In view of the fact that Subject's recent service in Mexico Station was done while he was on TDY, this Station is not in a position to prepare a fitness report covering Subject's performance for the period. Since he was absent from Headquarters, it is felt that he might possibly not be credited for his fine work unless the Station expresses its views.

" Subject plunged into work with the PERUMEN Section immediately upon arrival and was given a wide variety of assignments ranging from [redacted] on a rainy street at 4:00 a.m. to the preparation of operational reviews. He was given a number of existing agent assets to handle with a minimum of overlap with the previous case officer. He performed very well in every instance. He is able, enthusiastic, and capable of carrying a large work load. His colleagues in the office and his agents and contacts outside found him a pleasure to work with. The only weakness noted during his TDY assignment was in his written work--a tendency to be unclear -- but this is something the Station is certain he can work out satisfactorily and it is not a serious shortcoming."

Mr. Piccolo returned to Mexico City PCS 29 Sept 1965

**SECTION D**

**CERTIFICATION AND COMMENTS**

|  |  |                                     |
|--|--|-------------------------------------|
| 1. BY EMPLOYEE   |  |                                     |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT |  |                                     |
| DATE   | SIGNATURE OF EMPLOYEE  |                                     |
|  |  |                                     |
| 2. BY SUPERVISOR   |  |                                     |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION                  | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION                |                                     |
|  | Employee had left the Station and will be shown report upon his return to Hqs. |                                     |
| DATE   | OFFICIAL TITLE OF SUPERVISOR   | TYPED OR PRINTED NAME AND SIGNATURE |
| 13 August 1965   | COS, Mexico City   | Winston M. Scott /s/                |
| 3. BY REVIEWING OFFICIAL                                       |  |                                     |
| COMMENTS OF REVIEWING OFFICIAL                                 |  |                                     |
|  |  |                                     |
| DATE   | OFFICIAL TITLE OF REVIEWING OFFICIAL   | TYPED OR PRINTED NAME AND SIGNATURE |
| 13 August 1965   | COS  | Winston M. Scott /s/                |

**SECRET**



**SECRET**  
(When Filled In)

| FITNESS REPORT  |  |  |  | EMPLOYEE SERIAL NUMBER |                |
|---|--|--|--|------------------------|----------------|
|   |  |  |  | 025658                 |                |
| <b>SECTION A GENERAL</b>  |  |  |  |                        |                |
| 1. NAME (Last) (First) (Middle)   |  |  | 2. DATE OF BIRTH   | 3. SEX                 | 4. GRADE 5. SD |
| PICCOLO Joseph S.   |  |  | 8 Dec 35   | M                      | GS-09 SJ       |
| 6. OFFICIAL POSITION TITLE  |  |  | 7. OFF/DIV/BR OF ASSIGNMENT 8. CURRENT STATION   |                        |                |
| Ops Officer   |  |  | DDP/WH/C/RR/OS Washington, D. C.   |                        |                |
| 9. CHECK (X) TYPE OF APPOINTMENT  |  |  | 10. CHECK (X) TYPE OF REPORT   |                        |                |
| <input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY<br><input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)<br><input type="checkbox"/> SPECIAL (Specify):  |  |  | <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> X REASSIGNMENT SUPERVISOR<br><input type="checkbox"/> ANNUAL REASSIGNMENT EMPLOYEE<br><input type="checkbox"/> SPECIAL (Specify): |                        |                |
| 11. DATE REPORT DUE IN O.P.   |  |  | 12. REPORTING PERIOD (From - to)   |                        |                |
|   |  |  | 1-October 1964 - 15 March 1965   |                        |                |
| <b>SECTION B PERFORMANCE EVALUATION</b>   |  |  |  |                        |                |
| <p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |  |  |  |                        |                |
| <b>SPECIFIC DUTIES</b>  |  |  |  |                        |                |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).  |  |  |  |                        |                |
| SPECIFIC DUTY NO. 1   |  |  |  |                        | RATING LETTER  |
| a Operations officer for handling [ ] training of [ ]   |  |  |  |                        | S              |
| SPECIFIC DUTY NO. 2   |  |  |  |                        | RATING LETTER  |
| [ ] Operations officer handling a [ ] being utilized in [ ] operations.   |  |  |  |                        | S              |
| SPECIFIC DUTY NO. 3   |  |  |  |                        | RATING LETTER  |
| Operations officer assisting in handling and debriefing a [ ]   |  |  |  |                        | S              |
| SPECIFIC DUTY NO. 4   |  |  |  |                        | RATING LETTER  |
|   |  |  |  |                        |                |
| SPECIFIC DUTY NO. 5   |  |  |  |                        | RATING LETTER  |
|   |  |  |  |                        |                |
| SPECIFIC DUTY NO. 6   |  |  |  |                        | RATING LETTER  |
|   |  |  |  |                        |                |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>  |  |  |  |                        |                |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.   |  |  |  |                        | RATING LETTER  |
| 20 MAR 1965   |  |  |  |                        | S              |



**SECRET**

(When Filled In)

**FILE OF PERSONNEL**

**SECTION C**

**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial and supervisory duties must be described, if applicable.

Mr. Piccolo is an energetic, capable, all-around officer with a flair for operations and a great deal of common sense. He reacts correctly and instinctively when operational problems arise. His agent handling has been superior. He has a good knowledge of tradecraft and also understands records management. Although young, he is mature and self-reliant, needing little supervision.

Mr. Piccolo's promotion is being recommended in a separate memorandum.

Mr. Piccolo is cost conscious and effective in the use of space, equipment and funds. He does not hold a supervisory position.

**SECTION D**

**CERTIFICATION AND COMMENTS**

|   |  |  |
|---|--|--|
| 1. BY EMPLOYEE  |  |  |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT        |  |  |
| DATE<br>23 Mar 65   | SIGNATURE OF EMPLOYEE<br><i>L. Piccolo</i>                       |  |
| 2. BY SUPERVISOR  |  |  |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION<br>18 months            | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION  |  |
| DATE<br>28 III 65   | OFFICIAL TITLE OF SUPERVISOR<br>C/WH/SA/CI (WH/C/SP)             | TYPED OR PRINTED NAME AND SIGNATURE<br><i>Harold F. Swenson</i><br>Harold F. Swenson |
| 3. BY REVIEWING OFFICIAL  |  |  |
| COMMENTS OF REVIEWING OFFICIAL<br><br>Concur in rating of Supervisor. |  |  |
| DATE<br>24 March 1965   | OFFICIAL TITLE OF REVIEWING OFFICIAL<br>Asst. Deputy Chief, WH/C |  |

**SECRET**



CONFIDENTIAL

17 August 1964

MEMORANDUM FOR: Chief, Western Hemisphere Division, DD/P

ATTENTION : Administrative Officer

FROM : Chief, Junior Officer Training Program

SUBJECT : Trial Attachment of Junior Officer Trainee  
Joseph B. Piccolo for on-the-job training

1. This memorandum confirms the attachment of Subject for on-the-job training in your Division as the second phase of the JOT Program undertaken with your cooperation.

2. The purposes of this trial attachment are:

a. To test his abilities in the practical application of his formal training;

b. To evaluate his potential and suitability for permanent assignment;

c. To train him for a specific assignment appropriate to his aptitudes and development;

d. To stimulate his motivation for a career in the Agency.

3. The attachment for six months effective 13 July 1964 can be adjusted by mutual consent according to circumstances or need for additional training. It is especially important that the Chief/JOTP be notified immediately if the trainee is not appropriately placed or is not effective in his work.

4. The JOT has been fully informed of the significance of this trial period in his career development.

5. Details of administrative procedures are attached.

FOR THE DIRECTOR OF TRAINING

*R. B. Freeman*

ROBERT B. FREEMAN

Attachment  
Distribution:

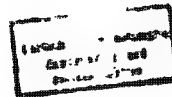
1 - Addressee w/att.

1 - C/CSFD w/att.

1 - O/Pers. Official Files w/att.

1 - JOT Piccolo w/att.

CONFIDENTIAL





CONFIDENTIAL

DETAILS FOR ADMINISTRATION OF ATTACHED JOT'S

For Supervisor:

1. The office or division will maintain time and attendance records during the period of this attachment.
2. Overtime can be authorized only after supervisor has checked with the JOT Tracking Officer. OTR will be reimbursed by division or office for overtime payments. The TSA clerk should report to JOT at the end of each pay period any overtime worked by a JOT.
3. Any security violations by this JOT will be handled in the manner that is appropriate to the division or staff. Chief/JOTP will be notified in this event.
4. Supervisors will execute any fitness reports covering the period of this attachment. Chief/JOTP will countersign such reports.
5. Supervisors will provide job performance data to the Chief/JOTP when the JOT enters a promotion zone of consideration.
6. JOTP is located in Room 743, Scovhill Building, Extension 3261. Any questions should be addressed to Mr. JOHN GERRY.
7. It is requested that each supervisor submit a progress report after three months of attachment. In the event of rotational assignments within a division where supervisors change, a progress report should be submitted at the end of each phase of the rotation.

For JOT:

8. Any leave will be worked out with the supervisor and if approved must be communicated by telephone to the JOTP office. See paragraph (1) above.
9. The JOT will furnish Chief/JOTP with a progress report after the first month of attachment and every two months thereafter. Items desired include:
  - a. Description of activities
  - b. Plans for next reporting period
  - c. Names and titles of supervisors
  - d. Assessment of value of present experience
  - e. Any constructive suggestions

These reports should be routed to Chief/JOTP via the supervisor.

10. The JOT will advise this office of his room number and extension and name of his supervisor as soon as possible after attachment.

GROUP 1

Excluded from automatic

downgrading and

declassification

8.12.0-

CONFIDENTIAL



**CONFIDENTIAL**

11 August 1964

MEMORANDUM FOR: Chief, Western Europe Division, DIVP

ATTENTION : Administrative Officer

FROM : Chief, Junior Officer Training Program

SUBJECT : Trial Attachment of Junior Officer Trainee  
Joseph S. Piccolo for on-the-job training

1. This memorandum confirms the attachment of Subject for on-the-job training in your Division as the second phase of the JOT Program undertaken with your cooperation.

2. The purposes of this trial attachment are:

a. To test his abilities in the practical application of his formal training;

b. To evaluate his potential and suitability for permanent assignment;

c. To train him for a specific assignment appropriate to his aptitudes and development;

d. To stimulate his motivation for a career in the Agency.

3. The attachment for six months effective 13 July 1964 can be adjusted by mutual consent according to circumstances or need for additional training. It is especially important that the Chief/JOTP be notified immediately if the trainee is not appropriately placed or is not effective in his work.

4. The JOT has been fully informed of the significance of this trial period in his career development.

5. Details of administrative procedures are attached.

FOR THE DIRECTOR OF TRAINING

*R. B. Freeman*

ROBERT B. FREEMAN

Attachment

Distribution:

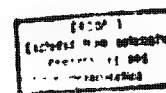
1 - Addressee w/att.

1 - JOT Piccolo w/att.

1 - C/NSPD w/att.

1 - O/Pers. Official Files w/att.

**CONFIDENTIAL**





CONFIDENTIAL

DETAILS FOR ADMINISTRATIVE ATTACHMENT TO JOTP

For Supervisors:

1. The office or division will maintain time and attendance records during the period of this attachment.
2. Overtime can be authorized only after supervisor has checked with the JOT Training Officer. OTR will be reimbursed by division or office for overtime payments. The T&A clerk should report to JOTP at the end of each pay period any overtime worked by a JOT.
3. Any security violations by this JOT will be handled in the manner that is appropriate to the division or staff. Chief/JOTP will be notified in this event.
4. Supervisors will execute any fitness reports covering the period of this attachment. Chief/JOTP will countersign such reports.
5. Supervisors will provide job performance data to the Chief/JOTP when the JOT enters a promotion zone of consideration.
6. JOTP is located in Room 743, Brophy Building, Extension 3261. Any questions should be addressed to Mr. JOHN GERRY.
7. It is requested that each supervisor submit a progress report after three months of attachment. In the event of rotational assignments within a division where supervisors change, a progress report should be submitted at the end of each phase of the rotation.

For JOT:

8. Any leave will be worked out with the supervisor and if approved must be communicated by telephone to the JOTP office. See paragraph (1) above.
9. The JOT will furnish Chief/JOTP with a progress report after the first month of attachment and every two months thereafter. Items desired include:
  - a. Description of activities
  - b. Plans for next reporting period
  - c. Names and titles of supervisors
  - d. Assessment of value of present experience
  - e. Any constructive suggestions

These reports should be routed to Chief/JOTP via the supervisor

10. The JOT will advise this office of his room number and extension and name of his supervisor as soon as possible after attachment.

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

7/22/64

CONFIDENTIAL



S-E-C-R-E-T

OFFICE OF TRAINING

TRAINING REPORT  
OPERATIONS COURSE

SECTION A

GENERAL

Operations Course No. 17  
(720 hours, full-time)

9 March - 10 July 1964  
(Date)

Student : PICCOLO, Joseph S.

Office : OTR/JOTP

Year of Birth: 1935

Service Designation: SJ

Grade : GS-08

Number of Students :  began

EOD Date : February 1957

finished

SECTION B

PERFORMANCE EVALUATION

W - Weak

Ranges from inadequate to less than satisfactory (in terms of a new and inexperienced case officer).

A - Adequate

Has achieved the basic level required. Satisfactory, characterized neither by deficiency nor excellence.

P - Proficient

More than satisfactory. Has acquired a solid beginner's proficiency. This rating may be interpreted as representing "average" on our rating scale.

S - Strong

Exceptional proficiency, characterized by thoroughness, initiative, originality, and an exceptional student understanding of the case officer role in clandestine operations.

O - Outstanding

Performance is so exceptional in relation to requirements of the work and in comparison to the performance of other students doing similar work as to warrant special recognition.

S-E-C-R-E-T



C-E-C-R-E-T

|    | <u>SKILLS</u> | <u>RATING LETTER</u> |
|----|---------------|----------------------|
| 1. |               | <u>P</u>             |
| 2. |               | <u>B</u>             |
| 3. |               | <u>P</u>             |
| 4. |               | <u>B</u>             |
| 5. |               | <u>P</u>             |
| 6. |               | <u>P</u>             |

|    | <u>GENERAL FAMILIARIZATION</u> |          |
|----|--------------------------------|----------|
| 1. |                                | <u>P</u> |
| 2. |                                | <u>P</u> |

The student also received general instruction by presentations, discussion of cases, reading and some practical application in Counter-intelligence programs and procedures. He was also given general familiarization in [redacted] and the operation of basic [redacted] equipment, and heard short presentations on [redacted] and [redacted] Other areas of general familiarization included [redacted] activity, and general operational administration and support.

OVERALL PERFORMANCE

Letter in rating box corresponds to the statement which most accurately reflects the student's level of performance, and takes into account everything about him which influenced his effectiveness.

This rating is a reflection of the degree to which the instructors feel that the student is both suitable and competent for overseas service in the clandestine Services.

**P**



S-E-C-R-E-T

SECTION C

NARRATIVE COMMENTS

Significant strengths and weaknesses and their relationship to overall performance in the Operations Course. This section amplifies and explains, as necessary, the rating letters given above.

Mr. Piccolo's performance throughout the course seldom deviated from the "Proficient" level. His strongest showings were frequently in areas where he used knowledge gained from previous Agency experience together with his natural ability to get along with people in face-to-face situations. He excelled in agent handling because he made an extra effort to establish and maintain rapport, was competent in solving operational administration and support matters with a minimum of guidance, and was imaginative in [ ] and in establishing clandestine [ ] Shortcomings, however, arose in other areas because he occasionally relied too much on his ability to improvise, rather than to spend extra time in analyzing, planning and otherwise preparing for agent meetings.

Mr. Piccolo easily recognized leads of operational or intelligence value, and as the course progressed, displayed marked improvement in his writing of cables, dispatches and reports.

Mr. Piccolo acquired a more than satisfactory knowledge of the principles and techniques taught during the course.

FOR THE DIRECTOR OF TRAINING:

[ ]

Chief Instructor

24 July 1964  
Date



~~S-E-C-R-E-T~~

OPERATIONS COURSE NO. 17

9 March 1964 -- 10 July 1964

Number attending course:

RATING

7      6      5      4      3      2      1      0

OVERALL:

0

Skills

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

0  
0  
0  
0  
0  
0

General Familiarization

- 1.
- 2.

0  
0

S-E-C-R-E-T



SEE FORM 45  
(When Filled In)

JOE TRAINING REPORT

SUBMITTED AS INITIAL FITNESS REPORT IN LIEU OF FORM 45

|  |         |                   |       |                     |
|--|---------|-------------------|-------|---------------------|
| 1. NAME OF JOE - (LAST)  | (FIRST) | (MIDDLE)          | GRADE | EMPLOYEE SERIAL NO. |
| PICCOLO,   | Joseph  | S.                | GS-08 | 025658              |
| 2. DATE REPORT DUE IN O.P.   |         | REPORTING PERIOD  |       |                     |
| 7/31/64  |         | 1/6/64 TO 6/30/64 |       |                     |
| 3. This Junior Officer Trainee has been engaged in courses of the Integrated Program with intensive training in Clandestine Operations.  |         |                   |       |                     |
| Detailed evaluations of his performance in each phase are contained in his Official Personnel Folder. Definition of the rating letter corresponds to that in Section B, Fitness Report Form 45 (4-62). |         |                   |       |                     |
| OVERALL PERFORMANCE IN INTEGRATED PROGRAM  |         |                   |       | P                   |

4. COMMENT AND PERTINENT OBSERVATIONS:

During his training, Mr. Piccolo has acquired a good knowledge of the principles and techniques of clandestine operations. He has demonstrated a good intelligence sense and a particular ability for handling agents.

He has had no supervisory responsibilities yet, and he appears to be cost-conscious as far as the undersigned can judge.

DATE 14 August 1964 BY

John Gerry

TRAINING OFFICER/JOE

20 AUG 1964

5-1 C-R P-1



S-E-C-R-E-T

PERFORMANCE RECORD

International Communism - Challenge and Response

JOT Class 10 February - 6 March 1964

Course Description

A. Statement of Objectives.

1. To develop a familiarization with the doctrine, organization and tactics of International Communism as represented by the Communist parties and organizations in the free world; and in addition, to make the student aware of the capabilities, methods and problems of the  and
2. To develop an understanding of the challenges facing the United States and the free world from the objectives, activities and capabilities of International Communism; and to assist the student to articulate the U.S. position at home and abroad to meet these challenges.

B. Course Method

1. Approximately one-half of the course is devoted to lectures, one-fourth to seminars, exercises and demonstrations, and one-fourth to individual study.
2. Student achievement is judged on the basis of performance in two written examinations and participation in seminars, and exercises.

Name: Piccolo, Joseph

Written Work

1st Examination: Doctrine, CP Organization &   Proficient

2nd Examination:  CP Activities  Proficient

Over-all Written Work Proficient

Oral Work

Seminars, Exercises Strong

Comment:

GROUP I

S-E-C R-E-T Excluded from automatic  
downgrading and  
declassification



S E C R E T

TRAINING REPORT

Introduction to the Clandestine Services (JOT Program) 3 - 7 February 1964

|                |                     |                      |                        |
|----------------|---------------------|----------------------|------------------------|
| Student        | : Joseph S. Piccolo | Office               | : JOTP                 |
| Year of Birth: | 1935                | Service Designation: | SJ                     |
| Grade          | : GS-08             | No. of Students      | : <input type="text"/> |
| EOB Date       | : February 1957     |                      |                        |

OBJECTIVES AND CONTENT

The purpose of this five day bloc of instruction is to acquaint the Junior Officer Trainee with the general organization and functions of the Clandestine Services. This orientation takes place during the preliminary phase of the JOT Program at Headquarters. It consists of lectures by representatives of major components of the Clandestine Services and discussion periods and is presented to assist the JOT in making his choice of considering a career in the Clandestine Services. This instruction also serves as an introduction to the subsequent training program at

ACHIEVEMENT RECORD

This is a certificate of attendance. No record was made of individual performance in the course.

FOR THE DIRECTOR OF TRAINING:

Chief Instructor

11 FEB 1964

Date

S E C R E T



# SECRET

(When Filled In)

| TRAINING REPORT<br>INTELLIGENCE TECHNIQUES COURSE (120 Hours)   |        |               |  | COURSE NO.<br>21 | NO. STUDENTS<br><input type="checkbox"/> | DATE OF COURSE<br>13 - 31 Jan 1964 |
|---|--------|---------------|--|------------------|--|------------------------------------|
| IDENTIFYING INFORMATION   |        |               |  |                  |  |                                    |
| NAME OF STUDENT   | YOB    | EDD DATE      | OFFICE   | GS               | SD                                       |                                    |
| PICCOLO, Joseph S.  | 1935   | February 1957 | JOTP   | 08               | SJ                                       |                                    |
| KEY TO RATINGS  |        |               |  |                  |  |                                    |
| <p><b>W - Weak</b> Ranges from inadequate to less than satisfactory.</p> <p><b>A - Adequate</b> Has achieved the basic level required. Satisfactory, characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> More than satisfactory. Has acquired a solid beginner's proficiency.</p> <p><b>S - Strong</b> Exceptional proficiency. Characterized by thoroughness, initiative, originality, and an exceptional student understanding of the work involved in intelligence production.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |        |               |  |                  |  |                                    |
| EVALUATION OF PERFORMANCE IN SKILLS   |        |               |  |                  |  |                                    |
| BRIEFING  | RATING | WRITING       | RATING   | ANALYSIS         | RATING                                   |                                    |
|   | P      |               | A  |                  | P  |                                    |
| OVER-ALL PERFORMANCE EVALUATION   |        |               |  |                  |  |                                    |
| <p>The RATING LETTER reflects the over-all performance of the student in the course and is thus a measure of the extent to which the student possesses the skills and techniques required in the production of finished intelligence. The rating is not necessarily arrived at by mathematically averaging the in skills ratings, but takes into consideration any outstanding strengths or weaknesses that should be reflected in an evaluation of the performance of the student as a whole. The RATING LETTER is a consensus of the view of the faculty.</p>   |        |               |  |                  |  | RATING                             |
|   |        |               |  |                  |  | P                                  |
| REPORT OF OBSERVATIONS, JUDGMENTS AND IMPRESSIONS   |        |               |  |                  |  |                                    |
| <p>This is a general, unspecific, narrative report of observations, judgments, and impressions. It includes intangible factors such as the student's attitude, cooperativeness, attentiveness, maturity, and judgment. It also includes the general impression the student has made on the faculty. This report will not be included unless the instructors believe that it would add something to the previous evaluation of performance in skills as well as to the evaluation of the OVER-ALL PERFORMANCE of the student.</p>  |        |               |  |                  |  |                                    |
| FOR THE DIRECTOR OF TRAINING  |        |               | <input type="checkbox"/> <b>DATE</b><br>1 Feb 64 |                  |  |                                    |
| [Signature]<br>CHIEF, INTELLIGENCE PRODUCTION FACULTY<br>INTELLIGENCE SCHOOL  |        |               |  |                  |  |                                    |



SECRET

JOINT INTEGRATED PROGRAM  
(CLASS OF JANUARY 1964)

Introduction to Intelligence  
(40 hours, full-time)

6 - 10 January 1964

Student : PICCOLO, Joseph S.

Office : 642

Year of Birth: 1935

Service Designation: SJ

Grade : GS-08

Number of Students :

EOD : February 1957

**COURSE OBJECTIVES - CONTENT AND METHODS**

In the Introductory phase of the JOINT Integrated Training Program the course objectives are: (1) to instruct the student in the basic concepts of Intelligence and the role of national intelligence within the Government; (2) to describe the Intelligence community; its members, their duties, and their relationship to CIA; (3) to define and describe the functions of CIA and identify the components performing them; and (4) to explain the processes and means by which CIA fulfills its responsibilities for collection, production, and dissemination of Intelligence.

Instructional techniques include lectures given by Orientation Faculty members, guest speakers, seminars, reading, review exercises and training films.

**ACHIEVEMENT RECORD**

Evaluation is based on a 40 question multiple choice test. The numbers placed in the columns below show how many students received each rating. This student's rating is indicated by the asterisk.

Satisfactory

Excellent

\*

FOR THE DIRECTOR OF TRAINING:

Chief, Orientation Faculty

31 Jan 64

CLASSIFICATION

EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET



**SECRET**  
(When Filled In)

| FITNESS REPORT  |  |  |   | EMPLOYEE SERIAL NUMBER<br><b>025658</b> |  |
|---|--|--|---|---|--|
| <b>SECTION A GENERAL</b>  |  |  |   |   |  |
| 1. NAME<br>(Last) (First) (Middle)<br><b>PICCOLO Joseph S.</b>  |  |  | 2. DATE OF BIRTH<br><b>8 Dec. 1935</b>  | 3. SEX<br><b>Male</b>                   | 4. GRADE 13. 30<br><b>GS-7 D</b>               |
| 5. OFFICIAL POSITION TITLE<br><b>Intel Assistant</b>  |  |  | 7. OFF/DIV/BR OF ASSIGNMENT<br><b>DDP/TFW/CI</b>  |   | 6. CURRENT STATION<br><b>Washington, D. C.</b> |
| 9. CHECK (X) TYPE OF APPOINTMENT<br><div style="display: flex; justify-content: space-between;"> <span>CAREER</span> <span>RESERVE</span> <span>TEMPORARY</span> </div>   |  |  | 10. CHECK (X) TYPE OF REPORT<br><div style="display: flex; justify-content: space-between;"> <span>INITIAL</span> <span>ANNUAL</span> <span>SPECIAL (Specify)</span> </div> |   |  |
| 11. DATE REPORT DUE IN O.P.   |  |  | 18. REPORTING PERIOD (From - to)<br><b>September 1962 - 18 January 1963</b>   |   |  |
| <b>SECTION B PERFORMANCE EVALUATION</b>   |  |  |   |   |  |
| <p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p> |  |  |   |   |  |
| <b>SPECIFIC DUTIES</b>  |  |  |   |   |  |
| List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).  |  |  |   |   | RATING LETTER                                  |
| SPECIFIC DUTY NO. 1<br><b>Supervises Correspondence Routing-Control Section of Branch</b>   |  |  |   |   | <b>O</b>                                       |
| SPECIFIC DUTY NO. 2<br><b>Develops, implements, and manages Branch systems for mail routing-control, files and a Special Project.</b>   |  |  |   |   | <b>S</b>                                       |
| SPECIFIC DUTY NO. 3<br><b>Prepares dispatches and cables for transmission to the field, assists in preparing CI disseminations to other government agencies.</b>  |  |  |   |   | <b>S</b>                                       |
| SPECIFIC DUTY NO. 4<br><b>Runs name traces and prepares summaries of information on personalities.</b>  |  |  |   |   | <b>O</b>                                       |
| SPECIFIC DUTY NO. 5<br><b>Other duties as assigned.</b>   |  |  |   |   | <b>S</b>                                       |
| SPECIFIC DUTY NO. 6   |  |  |   |   | RATING LETTER                                  |
| <b>OVERALL PERFORMANCE IN CURRENT POSITION</b>  |  |  |   |   |  |
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.  |  |  |   |   | RATING LETTER<br><b>S</b>                      |



**SECRET**

*(When Filled In)*

**SECTION C**

**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Employee returned to duty with the Agency in September 1962 after completing a tour of military duty. At that time he was assigned to TFW/CI. Although employee expressed a desire to work in operations at that time, he agreed to perform the duties outlined in Section B. He was called upon to perform these duties because of the dire need within TFW/CI for someone with his talents to establish and manage Branch systems for mail routing-control and files. Employee was promised an operational assignment as soon as the systems were established and functioning in an orderly and efficient manner. Employee has performed his duties exceptionally well and has established systems for mail routing-control, and files for the Branch which are functioning well. It is strongly recommended that this employee be assigned to duties of an operational nature and relieved from his present duties as soon as possible. Employee has the capability of assuming more and greater responsibility.

**SECTION D**

**CERTIFICATION AND COMMENTS**

|  |   |
|--|---|
| <b>1. BY EMPLOYEE</b>  |   |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT |   |
| DATE   | SIGNATURE OF EMPLOYEE   |
|  | <i>Joseph A. Pissano</i>  |
| <b>2. BY SUPERVISOR</b>  |   |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION                  | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |
| 5 months   |   |
| DATE   | OFFICIAL TITLE OF SUPERVISOR                                    |
| 20 February 63   | C/TFW/CI  |
| <b>3. BY REVIEWING OFFICIAL</b>                                |   |
| COMMENTS OF REVIEWING OFFICIAL                                 |   |
| This employee gives promise of continued professional growth.  |   |
| DATE   | OFFICIAL TITLE OF REVIEWING OFFICIAL                            |
| 21 February 1963   | Deputy Chief, SAS   |

**SECRET**

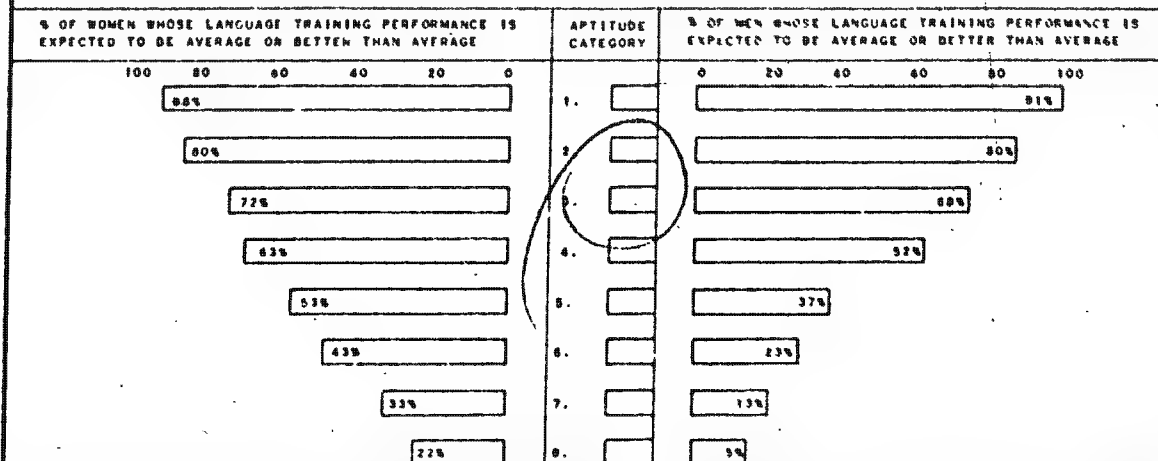


**CONFIDENTIAL**  
(When Filled In)

|  |                 |
|--|-----------------|
| <b>FOREIGN LANGUAGE APTITUDE AND EXPERIENCE REPORT</b> | DATE OF TESTING |
|--|-----------------|

|      |        |   |      |        |
|------|--------|---|------|--------|
| NAME | OFFICE | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">WALL</td> <td style="width:50%; padding: 2px;">FEMALE</td> </tr> </table> | WALL | FEMALE |
| WALL | FEMALE |   |      |        |

The category checked below is an interpretation of the scores made by the person named above on a battery of foreign language aptitude tests. The relationships between test performance and subsequent training performance of trainees in Agency language training courses are indicated by the graphs next to the aptitude categories. The graphs to the left are for women and the graphs to the right are for men. From these graphs you can read for each aptitude category the probability that a person in that category will perform in an Agency foreign language training course at an average or better-than-average level. For example, 22 percent of the women who obtain an aptitude rating of "8" can be expected to be average or better in course performance, while 5 percent of the men with ratings of "8" can be expected to be average or better in course performance. A man needs an aptitude rating of "6" to have about the same expectation of success in language training as a woman with a rating of "8." At the other end of the scale, 80 percent of either men or women who obtain aptitude ratings of "2" can be expected to do average or better-than-average work in training. The differences in relationship are due to differences between men and women in both training performance and test scores. On the average women are somewhat higher on both.



Since many things other than aptitudes enter into the determination of training course performance, in any class of students there will usually be some whose performance will be better than would be expected from their test scores, just as there will likely be some whose performance is poorer than expected. STRENGTH OF MOTIVATION, PRIOR EXPERIENCE WITH A FOREIGN LANGUAGE, and other factors should be considered in selecting people for language training and in interpreting language training results. For example, the number of languages previously studied or learned and the amount of academic and nonacademic language-learning experience are factors not measured by the tests but are indicative of probable success in learning a foreign language. Whether such experience was in the same language as the one to be studied or in a different one is, of course, an additional relevant factor.

|   |         |       |   |          |
|---|---------|-------|---|----------|
| NUMBER OF FOREIGN LANGUAGES STUDIED OR LEARNED BY THIS INDIVIDUAL - |         |       |   |          |
| MONTHS OF ACADEMIC TRAINING   |         |       | NONACADEMIC EXPERIENCE (1 year or more) |          |
| HIGH SCHOOL   | COLLEGE | OTHER | READING OR WRITING                      | SPEAKING |
|   |         |       |   |          |
| DATE  |         |       | SIGNATURE OF CHIEF, A & E STAFF         |          |
|   |         |       | <b>James B. L...</b>                    |          |

NOTE: This report may be shown to the individual concerned

FORM 1674

**CONFIDENTIAL**

1001



**SECRET**  
(When Filled In)

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>FITNESS REPORT</b>  |  |  |   | EMPLOYEE SERIAL NUMBER<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">025053</div> |  |
| <b>SECTION A GENERAL</b>   |  |  |   |   |  |
| 1. NAME (Last) (First) (Middle)<br>TITCHEL John L. S.  |  |  | 2. DATE OF BIRTH<br>8 Dec. 1925   |   | 3. SEX<br>M  |
| 4. GRADE<br>GS-7   |  | 5. OFF/DIV/BR OF ASSIGNMENT<br>OSD/AS, Rm. 4, D.C. |   |   |  |
| 6. SERVICE DESIGNATION<br>D  |  | 7. OFFICIAL POSITION TITLE<br>Int'l. Asst.         |   |   |  |
| 8. CAREER STAFF STATUS   |  |  | 9. TYPE OF REPORT   |   |  |
| <input type="checkbox"/> NOT ELIGIBLE <input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED<br><input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED   |  |  | <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR<br><input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE |   |  |
| 10. DATE REPORT DUE IN O.P.  |  | 11. REPORTING PERIOD<br>1 June 60 to 31 May 61     |   | 12. SPECIAL (Specify)<br>Promotion recommendation   |  |
| <b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>  |  |  |   |   |  |
| List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).   |  |  |   |   |  |
| 1 - Unsatisfactory    2 - Barely adequate    3 - Acceptable    4 - Competent    5 - Excellent    6 - Superior    7 - Outstanding   |  |  |   |   |  |
| SPECIFIC DUTY NO. 1<br>Supervises Operations Support Section (employees)   |  | RATING NO.<br>6                                    |   | SPECIFIC DUTY NO. 4<br>Conducts liaison in support of operations  |  |
| SPECIFIC DUTY NO. 2<br>Processes security clearances   |  | RATING NO.<br>6                                    |   | SPECIFIC DUTY NO. 5   |  |
| SPECIFIC DUTY NO. 3<br>performs name traces and summarizes information   |  | RATING NO.<br>6                                    |   | SPECIFIC DUTY NO. 6   |  |
| <b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>   |  |  |   |   |  |
| Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance. |  |  |   |   |  |
| 1 - Performance in many important respects fails to meet requirements.<br>2 - Performance meets most requirements but is deficient in one or more important respects.<br>3 - Performance clearly meets basic requirements.<br>4 - Performance clearly exceeds basic requirements.<br>5 - Performance in every important respect is superior.<br>6 - Performance in every respect is outstanding.   |  |  |   |   | RATING NO.<br><div style="border: 1px solid black; padding: 5px; display: inline-block;">5</div> |
| <b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>   |  |  |   |   |  |
| In the rating boxes below, check (X) the degree to which each characteristic applies to the employee   |  |  |   |   |  |
| 1 - Least possible degree    2 - Limited degree    3 - Normal degree    4 - Above average degree    5 - Outstanding degree   |  |  |   |   |  |
| CHARACTERISTICS  |  | NOT APPL-<br>CABLE                                 | NOT OB-<br>SERVED   | RATING  |  |
|  |  |  |   | 1   | 2  |
|  |  |  |   | 3   | 4  |
|  |  |  |   | 5   |  |
| GETS THINGS DONE   |  |  |   |   | X  |
| RESOURCEFUL  |  |  |   |   | X  |
| ACCEPTS RESPONSIBILITIES   |  |  |   |   | X  |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES   |  |  |   |   | X  |
| DOES HIS JOB WITHOUT STRONG SUPPORT  |  |  |   |   | X  |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE   |  |  |   |   | X  |
| WRITES EFFECTIVELY   |  |  |   | X   |  |
| SECURITY CONSCIOUS   |  |  |   |   | X  |
| THINKS CLEARLY   |  |  |   |   | X  |
| DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS  |  |  |   |   | X  |
| OTHER (Specify)  |  |  |   |   |  |



SECRET

(When Filled In)

OFFICE OF PERSONNEL

## SECTION E

## NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the basis for determining future personnel actions.

One of Mr. Piccolo's outstanding characteristics is his desire to improve himself. This is evidenced by both his continued educational program on the outside and by his successful effort to learn everything possible about his MAIL ROOM. He also wants very much to obtain further career training within the DDP area, particularly in the FI field. I believe he has a definite potential for such work and that he should be given an opportunity for appropriate operational training as soon as possible.

His performance while under my supervision has consistently been well above that to be expected of an employee in his present grade, and I strongly recommend that he be promoted at once to GS-8. He has more than earned it.

## SECTION F

## CERTIFICATION AND COMMENTS

|  |   |
|--|---|
| 1. BY EMPLOYEE   |   |
| I certify that I have seen Sections A, B, C, D and E of this Report.   |   |
| DATE<br>4 May 1961   | SIGNATURE OF EMPLOYEE<br><i>Joseph L. Piccolo</i>               |
| 2. BY SUPERVISOR   |   |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION<br>7 months  | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |
| IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.   |   |
| EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS  | REPORT MADE WITHIN LAST 90 DAYS                                 |
| OTHER (Specify):   |   |
| DATE<br>3 May 1961   | OFFICIAL TITLE OF SUPERVISOR<br>WH/4/Executive Officer          |
| 3. BY REVIEWING OFFICIAL   |   |
| <input checked="" type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.                            |   |
| <input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.   |   |
| <input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.  |   |
| <input type="checkbox"/> I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE. |   |
| COMMENTS OF REVIEWING OFFICIAL   |   |
| DATE<br>14 May 1961  | OFFICIAL TITLE OF REVIEWING OFFICIAL<br>Acting Chief, WH/4      |

SECRET



**SECRET**  
(When Filled In)

**Recorded by  
CSFD**

12 JUL 1960

## FITNESS REPORT

EMPLOYEE SERIAL NUMBER

### SECTION A

### GENERAL

|  |                                   |   |  |  |  |                         |
|--|-----------------------------------|---|--|--|--|-------------------------|
| 1. NAME (Last) (First) (Middle)<br><b>Piccolo, Joseph S.</b> |                                   |   | 2. DATE OF BIRTH<br><b>12 - 8 - 35</b> |  | 3. SEX<br><b>M</b>   | 4. GRADE<br><b>GS-6</b> |
| 5. SERVICE DESIGNATION<br><b>D</b>                           |                                   | 6. OFFICIAL POSITION TITLE<br><b>Intell Assistant</b> |  |  | 7. OFF/DIV/BR OF ASSIGNMENT<br><b>DDP/HH/L/Ops Support</b> |                         |
| 8. CATER STAFF STATUS  |                                   |   |  | 9. TYPE OF REPORT                                |  |                         |
| <input type="checkbox"/> NOT ELIGIBLE                        | <input type="checkbox"/> MEMBER   | <input type="checkbox"/> DEFERRED                     | <input type="checkbox"/> INITIAL       | <input type="checkbox"/> REASSIGNMENT/SUPERVISOR |  |                         |
| <input type="checkbox"/> PENDING                             | <input type="checkbox"/> DECLINED | <input type="checkbox"/> DENIED                       | <input type="checkbox"/> ANNUAL        | <input type="checkbox"/> REASSIGNMENT/EMPLOYEE   |  |                         |
| 10. DATE REPORT DUE IN O.P.                                  |                                   | 11. REPORTING PERIOD From To                          |  | 12. SPECIAL (Specify)                            |  |                         |
|  |                                   | <b>1 Feb - 15 June 1960</b>                           |  | <b>Promotion</b>                                 |  |                         |

### SECTION B

### EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

|  |                     |                        |  |               |                        |                 |
|--|---------------------|------------------------|--|---------------|------------------------|-----------------|
| 1 - Unsatisfactory   | 2 - Barely adequate | 3 - Acceptable         | 4 - Competent  | 5 - Excellent | 6 - Superior           | 7 - Outstanding |
| SPECIFIC DUTY NO. 1<br><b>Supervises Operations Support and Registry Section (employees)</b> |                     | RATING NO.<br><b>5</b> | SPECIFIC DUTY NO. 4<br><b>Conducts liaison in support of operations</b>            |               | RATING NO.<br><b>5</b> |                 |
| SPECIFIC DUTY NO. 2<br><b>Processes security clearances</b>                                  |                     | RATING NO.<br><b>6</b> | SPECIFIC DUTY NO. 5<br><b>Performs duties of Branch Records Management Officer</b> |               | RATING NO.<br><b>5</b> |                 |
| SPECIFIC DUTY NO. 3<br><b>Performs name traces and summarizes information</b>                |                     | RATING NO.<br><b>6</b> | SPECIFIC DUTY NO. 6<br><b>Acts as case officer for sensitive operations</b>        |               | RATING NO.<br><b>4</b> |                 |

### SECTION C

### EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

- 1 - Performance in many important respects fails to meet requirements.
- 2 - Performance meets most requirements but is deficient in one or more important respects.
- 3 - Performance clearly meets basic requirements.
- 4 - Performance clearly exceeds basic requirements.
- 5 - Performance in every important respect is superior.
- 6 - Performance in every respect is outstanding.

RATING NO.  
**6**

### SECTION D

### DESCRIPTION OF THE EMPLOYEE

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee

| 1 - Least possible degree                                       | 2 - Limited degree | 3 - Normal degree | 4 - Above average degree | 5 - Outstanding degree |                 |              |        |   |   |   |  |
|---|--------------------|-------------------|--------------------------|------------------------|-----------------|--------------|--------|---|---|---|--|
| CHARACTERISTICS   |                    |                   |                          |                        | NOT APPL. CABLE | NOT OBSERVED | RATING |   |   |   |  |
|   |                    |                   |                          |                        |                 | 1            | 2      | 3 | 4 | 5 |  |
| GETS THINGS DONE  |                    |                   |                          |                        |                 |              |        |   |   | X |  |
| RESOURCEFUL   |                    |                   |                          |                        |                 |              |        |   | X |   |  |
| ACCEPTS RESPONSIBILITIES  |                    |                   |                          |                        |                 |              |        |   |   | X |  |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES                  |                    |                   |                          |                        |                 |              |        |   | X |   |  |
| DOES HIS JOB WITHOUT STRONG SUPPORT                             |                    |                   |                          |                        |                 |              |        |   | X |   |  |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE                      |                    |                   |                          |                        |                 |              |        |   |   | X |  |
| WRITES EFFECTIVELY  |                    |                   |                          |                        |                 |              |        |   | X |   |  |
| SECURITY CONSCIOUS  |                    |                   |                          |                        |                 |              |        |   |   | X |  |
| THINKS CLEARLY  |                    |                   |                          |                        |                 |              |        |   | X |   |  |
| DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS |                    |                   |                          |                        |                 |              |        |   |   | X |  |
| OTHER (Specify):  |                    |                   |                          |                        |                 |              |        |   |   |   |  |

SEE SECTION "E" ON REVERSE SIDE



# SECRET

(When Filled In)

## SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the basis for determining future personnel actions.

During the rating period Mr. Piccolo has been performing tasks that are normally assigned to personnel who hold a minimum ~~GS rating of GS-9~~ <sup>GS rating of GS-7</sup>. Without exception he has performed each of his assignments expeditiously and thoroughly. In addition to his normal administrative functions Mr. Piccolo has been acting as a case officer on certain sensitive and complicated clandestine operations. He has performed these duties in a superior fashion. It is my unqualified opinion that Mr. Piccolo should receive at least a two-grade promotion immediately. However it is recognized that this is contrary to current Agency policy and therefore it is strongly recommended that he be promoted to the grade of GS-7 immediately. Mr. Piccolo is intelligent and extremely industrious. He has worked long hours performing a variety of important tasks. It is my opinion that Mr. Piccolo has the attributes required of career personnel working in the Foreign Intelligence area and that he should be permitted to have his career designation changed to FI. Mr. Piccolo should also be given the opportunity to receive Agency training so that he might be better qualified to perform tasks in this area of activity. There is no question that he would become a professional case officer. The Section C rating has been given after careful consideration of the rated individual's grade and grade level performance.

## SECTION F CERTIFICATION AND COMMENTS

### 1. BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

16 June 1960

SIGNATURE OF EMPLOYEE

*George D. Piccolo*

### 2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

4 1/2

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

16 June 1960

OFFICIAL TITLE OF SUPERVISOR

Deputy Chief, WH/4

### 3. BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

Promotion in this case is completely justified in the reviewing official's opinion

DATE

16 June 1960

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief, WH/4

TYPED OR PRINTED NAME AND SIGNATURE

*Jacob D. Esterline*  
Jacob D. Esterline

SECRET



● ●

45

444



**SECRET**

(When Filled In)

**SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

Since the previous Fitness Report, employee has been designated as the alternate to the Station's Records Officer. During periods when the Records Officer has been on duty elsewhere, this employee has assumed responsibility for the Station's records establishment and performed his duties in a competent manner. Based on these considerations, the ratings contained in Sections B, C, and D were determined. (Note Section D, Items 1, 2, 3, 5, and 10.) Employee needs more experience in the following:

1. The analysis of intelligence material for file categorization (note Section D, Item 4);
2. Records Management techniques;
3. More experience in the interpretation of data in memoranda preparation (note Section D, Items 7 and 9).

His supervisor feels that considerable progress has been made on the points enumerated above, and as the employee gains experience, these weaknesses should reconcile themselves. His supervisor will continue to assign him duties designed to broaden his knowledge and effectiveness in records management. (Cont'd)

**SECTION F CERTIFICATION AND COMMENTS**

**1. BY EMPLOYEE**

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE SIGNATURE OF EMPLOYEE

20 May 1959

/s/

**2. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

17 months

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN 90 DAYS

OTHER (Specify):

DATE

20 May 1959

OFFICIAL TITLE OF SUPERVISOR

Records Officer

TYPED OR PRINTED NAME AND SIGNATURE

**3. BY REVIEWING OFFICIAL**

- ☒ I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
- ☐ I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
- ☐ I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
- ☐ I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

20 May 1959

OFFICIAL TITLE OF REVIEWING OFFICIAL

Acting Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE

JUNE 10 2 40 PM '59  
 OFFICE OF PERSONNEL  
 U.S. FILE ROOM

**SECRET**



SECRET

SECTION E (Continued)

His supervisor recommends the promotion of this employee to GS-6. It is felt that his promotion would assure the continued development of an employee who has the potential of a good records officer.

SECRET

TOP SECRET



SECRET

(When Filled In)

## FITNESS REPORT (Part I) PERFORMANCE

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20.370. It is recommended that you read the entire form before completing any portion. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section "A" below.

## SECTION A.

## GENERAL

|   |   |  |                                     |
|---|---|--|-------------------------------------|
| 1. NAME<br>(Last) (First) (Middle)<br><b>PICCOLO, Joseph S.</b>   | 2. DATE OF BIRTH<br><b>6 December 1935</b>  | 3. SEX<br><b>Male</b>                              | 4. SERVICE DESIGNATION<br><b>D6</b> |
| 5. OFFICE/DIVISION BRANCH OF ASSIGNMENT<br><b>WHD/III/</b>  |   | 6. OFFICIAL POSITION TITLE<br><b>File Clerk</b>    |                                     |
| 7. GRADE<br><b>GS-4</b>   | 8. DATE REPORT DUE IN OP<br><b>2 December 1957 - 2 March 1958</b>   | 9. PERIOD COVERED BY THIS REPORT (inclusive dates) |                                     |
| 10. TYPE OF REPORT<br>(Check one)<br><input checked="" type="checkbox"/> INITIAL<br><input type="checkbox"/> ANNUAL | 11. REASSIGNMENT/SUPERVISOR<br><input type="checkbox"/> REASSIGNMENT-EMPLOYEE<br><input type="checkbox"/> SPECIAL (Specify) |  |                                     |

## SECTION B.

## CERTIFICATION

1. FOR THE RATER: THIS REPORT ☒ HAS ☐ HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT.

## A. CHECK (X) APPROPRIATE STATEMENTS:

|  |   |
|--|---|
| <input checked="" type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.   | <input type="checkbox"/> INDIVIDUAL IS RATED "E" IN C-1 AND D. A WARNING LETTER HAS BEEN SENT TO HIM OR A COPY ATTACHED TO THIS REPORT. |
| <input type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.                                | <input type="checkbox"/> I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):         |
| <input checked="" type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS. |   |

## B. THIS DATE

19 March 1958

## C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR

Chief of Registry

D. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

|                     |             |
|---------------------|-------------|
| BY                  | DATE        |
| Posted Pos. Control | 17 APR 1958 |
| Reviewed by PUD     |             |

☐ CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

## A. THIS DATE

19 March 1958

## B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL

Winibson M. SCOTT

## C. OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief of Station

## SECTION C.

## JOB PERFORMANCE EVALUATION

## 1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIFFICULTIES. Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him (HER) with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

5

1. DOES NOT PERFORM DUTIES ADEQUATELY. HE IS INCOMPETENT
2. ADEQUATE IN PERFORMANCE. ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY. OCCASIONALLY REVEALS SOME AREA OF WEAKNESS
4. PERFORMS DUTIES IN A COMPETENT EFFECTIVE MANNER
5. A FINE PERFORMANCE. CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS UNDER THE SUPERVISOR.

(REMARKS)



**SECRET**

(When Filled In)

OFFICE OF PERSONNEL

**2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES**

**DIRECTIONS:**

- State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.
- Rate performance on each specific duty considering ONLY effectiveness in performance of that specific duty.
- For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).
- Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.
- Two individuals with the same job title may be performing different duties. If so, rate them on different duties.
- Be specific. Examples of the kind of duties that might be rated are:  

|                             |                                |                                |
|-----------------------------|--------------------------------|--------------------------------|
| ORAL BRIEFING               | HAS AND USES AREA KNOWLEDGE    | CONDUCTS INTERROGATIONS        |
| GIVING LECTURES             | DEVELOPS NEW PROGRAMS          | PREPARES SUMMARIES             |
| CONDUCTING SEMINARS         | ANALYZES INDUSTRIAL REPORTS    | TRANSLATES GERMAN              |
| WRITING TECHNICAL REPORTS   | MANAGES FILES                  | DEBRIEFING SOURCES             |
| CONDUCTING EXTERNAL LIAISON | OPERATES RADIO                 | KEEPS BOOKS                    |
| TYPING                      | COORDINATES WITH OTHER OFFICES | DRIVES TRUCK                   |
| TAKING DICTATION            | WRITES REGULATIONS             | MAINTAINS AIR CONDITIONING     |
| SUPERVISING                 | PREPARES CORRESPONDENCE        | EVALUATES SIGNIFICANCE OF DATA |
- For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

|                                 |   |  |
|---------------------------------|---|--|
| DESCRIPTIVE<br>RATING<br>NUMBER | 1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY                                     | 6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS |
|                                 | 2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY                                 | 7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY   |
|                                 | 3 - PERFORMS THIS DUTY ACCEPTABLY   |  |
|                                 | 4 - PERFORMS THIS DUTY IN A COMPETENT MANNER  |  |
|                                 | 5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB |  |

|                         |               |                     |               |
|-------------------------|---------------|---------------------|---------------|
| SPECIFIC DUTY NO. 1     | RATING NUMBER | SPECIFIC DUTY NO. 4 | RATING NUMBER |
| Manages files (chronos) | 5             | Prepares memoranda  | 4             |
| SPECIFIC DUTY NO. 2     | RATING NUMBER | SPECIFIC DUTY NO. 5 | RATING NUMBER |
| Prepares pouches        | 5             |                     |               |
| SPECIFIC DUTY NO. 3     | RATING NUMBER | SPECIFIC DUTY NO. 6 | RATING NUMBER |
| Name checks             | 4             |                     |               |

**3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

**DIRECTIONS:** Stress strengths and weaknesses, particularly those which affect development on present job.

Employee is competent, displays initiative and intelligence in approaching records

management problems. He definitely likes records work and has supervisory potentialities. Employee needs more experience in the analysis of record material and composition of memoranda. He is conscientious and is a very hard-working employee.

**SECTION 4. SUITABILITY FOR CURRENT JOB IN ORGANIZATION**

**DIRECTIONS:** Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.

- DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
- OF DOUBTFUL SUITABILITY - WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
- A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
- OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
- A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
- AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
- EXCELS BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? ☐ YES ☒ NO IF YES EXPLAIN FULLY.

**SECRET**



# SECRET

(When Filled In)

## FITNESS REPORT (Part II) POTENTIAL

### INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the (H) no later than 30 days after the due date indicated in item 8 of Section "F" below.

| SECTION E. GENERAL  |  |  |                                     |
|---|--|--|-------------------------------------|
| 1. NAME<br>(Last) (First) (Middle)<br><b>PICCOLO, Joseph S.</b> | 2. DATE OF BIRTH<br><b>8 December 1935</b>                                     | 3. SEX<br><b>Male</b>  | 4. SERVICE DESIGNATION<br><b>DS</b> |
| 5. OFFICE/DIVISION BRANCH OF ASSIGNMENT<br><b>WHD/III/</b>      |  | 6. OFFICIAL POSITION TITLE<br><b>File Clerk</b>  |                                     |
| 7. GRADE<br><b>GS-4</b>   | 8. DATE REPORT DUE IN OF   | 9. PERIOD COVERED BY THIS REPORT (Inclusive dates)<br><b>2 December 1957 - 2 March 1958</b>        |                                     |
| 10. TYPE OF REPORT<br>(Check one)                               | <input checked="" type="checkbox"/> INITIAL<br><input type="checkbox"/> ANNUAL | <input type="checkbox"/> REASSIGNMENT-SUPERVISOR<br><input type="checkbox"/> REASSIGNMENT-EMPLOYEE | SPECIAL (Specify)                   |

| SECTION F. CERTIFICATION   |   |  |
|--|---|--|
| 1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGMENT OF THE INDIVIDUAL BEING RATED           |   |  |
| A. THIS DATE<br><b>19 March 1958</b>   | B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR                                    | C. SUPERVISOR'S OFFICIAL TITLE<br><b>Chief of Registry</b>         |
| 2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO: |   |  |
| A. THIS DATE<br><b>19 March 1958</b>   | B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL<br><b>Winston M. SCOTT</b> | C. OFFICIAL TITLE OF REVIEWING OFFICIAL<br><b>Chief of Station</b> |

| SECTION G. ESTIMATE OF POTENTIAL  |  |
|---|--|
| 1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES   |  |
| DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work. |  |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;">5</div><br>RATING NUMBER   | 1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED<br>2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED<br>3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES<br>4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES<br>5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING<br>6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL<br>7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES |

| 2. SUPERVISORY POTENTIAL  |  |
|---|--|
| DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column. |  |

| DESCRIPTIVE RATING NUMBER | 0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION | 1 - BELIEVE INDIVIDUAL WOULD BE A NEAR SUPERVISOR IN THIS KIND OF SITUATION   | 2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION | 3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION |
|---------------------------|--|---|---|---|
| ACTUAL                    | POTENTIAL  | DESCRIPTIVE SITUATION   |   |   |
| 2                         | 3  | A GROUP DOING THE BASIC JOB (truck drivers, stenographers, technicians or professional specialists of various kinds) whose contact with immediate subordinates is frequent (First line supervisors) |   |   |
| 2                         | 3  | A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisors)   |   |   |
| 0                         | 0  | A GROUP, WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, COORDINATION AND POLICY (Executive level)   |   |   |
| 3                         | 3  | FREQ CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT  |   |   |
| 2                         | 3  | FREQ IMMEDIATE SUBORDINATES' ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION   |   |   |
| 2                         | 3  | BOTH IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPOSITE SEX   |   |   |
|                           |  | OTHER (Specify)   |   |   |



**SECRET**  
(When Filled In)

OFFICE OF PERSONNEL

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION

Three months

4. COMMENTS CONCERNING POTENTIAL

APR 15 2 15 PM '58

Employee has the potential for a good records officer. Should he develop as rapidly throughout his tour as he has done in this initial period, he will be ready to assume the responsibility for the records establishment at any medium sized field station in his next assignment.

**SECTION II.**

**FUTURE PLANS**

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

Supervisor will give employee instruction in Records Management techniques, and every opportunity to gain experience in analysis of record material.

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

Employee should be given a grade promotion as soon as practicable because he deserves it and so as to encourage him.

**SECTION I.**

**DESCRIPTION OF INDIVIDUAL**

**DIRECTIONS:** This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL  
1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE  
2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE  
3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE  
4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE  
5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

| CATEGORY | STATEMENT   | CATEGORY | STATEMENT                                | CATEGORY | STATEMENT  |
|----------|---|----------|--|----------|--|
| 4        | 1. ABLE TO SEE ANOTHER'S POINT OF VIEW                | 4        | 11. HAS HIGH STANDARDS OF ACCOMPLISHMENT | 3        | 21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES        |
| 3        | 2. CAN MAKE DECISIONS ON HIS OWN WITH NEED ARISING    | 4        | 12. SHOWS ORIGINALITY                    | 3        | 22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS    |
| 4        | 3. HAS INITIATIVE                                     | 4        | 13. ACCEPTS RESPONSIBILITIES             | 4        | 23. IS THOUGHTFUL OF OTHERS                            |
| 3        | 4. IS ANALYTIC IN HIS THINKING                        | 4        | 14. ADMITS HIS ERRORS                    | 4        | 24. WORKS WELL UNDER PRESSURE                          |
| 3        | 5. STRIVES CONSTANTLY FOR NEW OPPORTUNITIES AND IDEAS | 4        | 15. RESPONDS WELL TO SUPERVISION         | 4        | 25. DISPLAYS JUDGMENT                                  |
| 4        | 6. SHOWS OPEN TO NEW SUGGESTIONS                      | 4        | 16. GIVES HIS JOB WITHOUT STRONG SUPPORT | 4        | 26. IS SECURITY CONSCIOUS                              |
| 4        | 7. CAN GET ALONG WITH PEOPLE                          | 3        | 17. LOOKS UP WITH SOLUTIONS TO PROBLEMS  | 4        | 27. IS SENSITIVE                                       |
| 2        | 8. HAS INTEREST FOR HIS JOB                           | 4        | 18. IS OBEDIENT                          | 3        | 28. HAS ABILITY TO FIND SOLUTIONS                      |
| 4        | 9. GIVES THINGS DONE                                  | 3        | 19. THINKS LOGICALLY                     | 4        | 29. FOSTERS OTHERS' VIEW OF HIS OFFICE                 |
| 1        | 10. IS NOT OVERLY INTERESTED                          | 3        | 20. ADAPTS HIMSELF TO NEW SITUATIONS     | 4        | 30. DOES NOT ALLOW HIS OFFICE TO BE AFFECTED BY OTHERS |

**SECRET**



SECRET

(When Filled In)

## FITNESS REPORT (Part I) PERFORMANCE

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-379. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section "A" below.

## SECTION A.

## GENERAL

|   |                          |          |   |        |                        |
|---|--------------------------|----------|---|--------|------------------------|
| 1. NAME (Last)                          | (First)                  | (Middle) | 2. DATE OF BIRTH  | 3. SEX | 4. SERVICE DESIGNATION |
| PICCOLO                                 | Joseph                   | S.       | 8 Dec 1935  | M      | DS                     |
| 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT |                          |          | 6. OFFICIAL POSITION TITLE                                |        |                        |
| FI RI A&O                               |                          |          | 0305.01 File Clerk  |        |                        |
| 7. GRADE                                | 8. DATE REPORT DUE IN OP |          | 9. PERIOD COVERED BY THIS REPORT (Inclusive dates)        |        |                        |
| GS-4                                    |                          |          | 4 Feb 1957 - 18 Oct 1957                                  |        |                        |
| 10. TYPE OF REPORT (Check one)          |                          | INITIAL  | REASSIGNMENT-SUPERVISOR                                   |        | SPECIAL (Specify)      |
|   |                          | ANNUAL   | <input checked="" type="checkbox"/> REASSIGNMENT-EMPLOYEE |        |                        |

## SECTION B.

## CERTIFICATION

1. FOR THE RATER: THIS REPORT ☒ WAS ☐ HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT.

## A. CHECK (X) APPROPRIATE STATEMENTS:

|                                     |  |  |
|-------------------------------------|--|--|
| <input type="checkbox"/>            | THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.   | IF INDIVIDUAL IS RATED "I" IN C1 OR D, A WARNING LETTER HAS BEEN SENT TO HIM & A COPY ATTACHED TO THIS REPORT. |
| <input checked="" type="checkbox"/> | THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.                     | I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):         |
| <input checked="" type="checkbox"/> | I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS. |  |

0. THIS DATE 21 October 1957 C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR D. SUPERVISOR'S OFFICIAL TITLE  
Desk Supervisor, RI/IN

2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

BY DATE  
Filed Pns. Control 11/12/57  
Reviewed by PUD 12/3/57

☐ CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion is reflected in the above section.  
A. THIS DATE 22 October 1957 B. TYPED OFFICIAL C. OFFICIAL TITLE OF REVIEWING OFFICIAL  
Supervisor, RI/IN Section

## SECTION C.

## JOB PERFORMANCE EVALUATION

## 1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

- 4
1. DOES NOT PERFORM DUTIES ADEQUATELY. HE IS INCOMPETENT.  
2. BARELY ADEQUATE IN PERFORMANCE. ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.  
3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY. OCCASIONALLY REVEALS SOME AREA OF WEARINESS.  
4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.  
5. A FINE PERFORMANCE. CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.  
6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

## COMMENTS:

MAILED 11 TO WH-23



**SECRET**  
(When Filled In)

**OFFICE OF PERSONNEL**

**2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES**

**DIRECTIONS:**

- State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.
- Rate performance on each specific duty considering ONLY effectiveness in performance of the specific duty.
- For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).
- Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.
- Two individuals with the same job title may be performing different duties. If so, rate them on different duties.
- Be specific. Examples of the kind of duties that might be rated are:  

|                             |                                |                                |
|-----------------------------|--------------------------------|--------------------------------|
| ORAL BRIEFING               | HAS AND USES AREA KNOWLEDGE    | CONDUCTS INTERROGATIONS        |
| GIVING LECTURES             | DEVELOPS NEW PROGRAMS          | PREPARES SUMMARIES             |
| CONDUCTING SEMINARS         | ANALYZES INDUSTRIAL REPORTS    | TRANSLATES GERMAN              |
| WRITING TECHNICAL REPORTS   | MANAGES FILES                  | DERRIVING SOURCES              |
| CONDUCTING EXTERNAL LIAISON | OPERATES RADIO                 | KEEPS BOOKS                    |
| EDITING                     | COORDINATES WITH OTHER OFFICES | DRIVES TRUCK                   |
| TAKING DICTATION            | WRITES REGULATIONS             | MAINTAINS AIR CONDITIONING     |
| SUPERVISING                 | PREPARES CORRESPONDENCE        | EVALUATES SIGNIFICANCE OF DATA |
- For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

|                                 |   |  |
|---------------------------------|---|--|
| DESCRIPTIVE<br>RATING<br>NUMBER | 1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY                                     | 6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER          |
|                                 | 2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY                                 | FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS       |
|                                 | 3 - PERFORMS THIS DUTY ACCEPTABLY   | 7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY |
|                                 | 4 - PERFORMS THIS DUTY IN A COMPETENT MANNER  |  |
|                                 | 5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB |  |

|   |                    |                     |               |
|---|--------------------|---------------------|---------------|
| SPECIFIC DUTY NO. 1<br>Conducting name checks to render case disposition. | RATING NUMBER<br>4 | SPECIFIC DUTY NO. 4 | RATING NUMBER |
| SPECIFIC DUTY NO. 2<br>Alphabetizing and filing index cards.              | RATING NUMBER<br>4 | SPECIFIC DUTY NO. 5 | RATING NUMBER |
| SPECIFIC DUTY NO. 3   | RATING NUMBER      | SPECIFIC DUTY NO. 6 | RATING NUMBER |

**3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

**DIRECTIONS:** Stress strengths and weaknesses, particularly those which affect development on present job.

Subject performed his duties effectively and competently.  
He gets along well with his fellow employees.

**SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION**

**DIRECTIONS:** Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.

- DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
- OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
- A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
- OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
- A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
- AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
- EXCELS BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? ☐ YES ☒ NO. IF YES EXPLAIN FULLY:

**SECRET**



SECRET  
(When Filled In)

DS  
10/11/57

## FITNESS REPORT (Part I) PERFORMANCE

### INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-379. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section "A" below.

### SECTION A.

#### GENERAL

|   |                            |   |                        |
|---|----------------------------|---|------------------------|
| 1. NAME (Last) (First) (Middle)         | 2. DATE OF BIRTH           | 3. SEX  | 4. SERVICE DESIGNATION |
| PICCOLLO Joseph S.                      | 8 Dec 1935                 | M   | DS                     |
| 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT | 6. OFFICIAL POSITION TITLE |   |                        |
| FI RI A&O                               | 0305.01 File Clerk         |   |                        |
| 7. GRADE                                | 8. DATE REPORT DUE IN OP   | 9. PERIOD COVERED BY THIS REPORT (Inclusive dates)        |                        |
| GS-4                                    |                            | 4 Feb 1957 - 12 Oct 1957                                  |                        |
| 10. TYPE OF REPORT (Check one)          | INITIAL                    | REASSIGNMENT-SUPERVISOR                                   | SPECIAL (Specify)      |
|   | ANNUAL                     | <input checked="" type="checkbox"/> REASSIGNMENT-EMPLOYEE |                        |

### SECTION B.

#### CERTIFICATION

1. FOR THE RATER: THIS REPORT ☒ WAS ☐ HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT:

*Joseph S. Piccolo*

A. CHECK (X) APPROPRIATE STATEMENTS:

|                                     |  |  |
|-------------------------------------|--|--|
| <input type="checkbox"/>            | THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.   | <input type="checkbox"/> IF INDIVIDUAL IS RATED "I" IN CI OR D, A WARNING LETTER HAS SENT TO HIM & A COPY ATTACHED TO THIS REPORT. |
| <input checked="" type="checkbox"/> | THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.                     |  |
| <input checked="" type="checkbox"/> | I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS. |  |
|                                     |  | <input type="checkbox"/> I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW TO EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):   |

|                 |  |                                |
|-----------------|--|--------------------------------|
| B. THIS DATE    | C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR | D. SUPERVISOR'S OFFICIAL TITLE |
| 21 October 1957 |  | Desk Supervisor, RI/IN         |

2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

☐ CONTINUED ON ATTACHED SHEET

|   |  |
|---|--|
| I certify that any substantial difference of opinion with the supervisor is reflected in the above section. |  |
| A. THIS DATE  | B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL |
| 22 October 1957   |  |
| C. OFFICIAL TITLE OF REVIEWING OFFICIAL   |  |
| Supervisor, RI/IN Section   |  |

### SECTION C. JOB PERFORMANCE EVALUATION

#### 1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

|                                 |   |
|---------------------------------|---|
| 4<br>INSERT<br>RATING<br>NUMBER | 1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.   |
|                                 | 2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES. |
|                                 | 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.  |
|                                 | 4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.  |
|                                 | 5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.   |
|                                 | 6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.              |

COMMENTS:



# SECRET

(When Filled In)

## 2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

### DIRECTIONS

- State in the spaces below up to six of the more important SPECIFIC duties performed during this period. Place the most important first. Do not include minor or unimportant duties.
  - Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.
  - For supervisors, ability to supervise will always be rated as a specific duty (at the supervisors' (those who supervise a secretary only)).
  - Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.
  - Two individuals with the same job title may be performing different duties. If so, rate them on different duties.
  - Be specific. Examples of the kind of duties that might be rated are:
 

|                             |                                |                                |
|-----------------------------|--------------------------------|--------------------------------|
| ORAL BRIEFING               | HAS AND USES AREA KNOWLEDGE    | CONDUCTS INTERVIEWS            |
| GIVING LECTURES             | DEVELOPS NEW PROGRAMS          | PREPARES SUMMARIES             |
| CONDUCTING SEMINARS         | ANALYZES AND SPECIAL REPORTS   | TRANSLATES GERMAN              |
| WRITING TECHNICAL REPORTS   | MANAGES FILES                  | DEBRIEFING SOURCES             |
| CONDUCTING EXTERNAL LIAISON | OPERATES RADIO                 | KEEPS BOOKS                    |
| TYPING                      | COORDINATES WITH OTHER OFFICES | DRIVES TRUCK                   |
| TAKING DICTATION            | WRITES RECEPTIONS              | MAINTAINS AIR CONDITIONING     |
| SUPERVISING                 | PREPARES CORRESPONDENCE        | EVALUATES SIGNIFICANCE OF DATA |
- E. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

OFFICE OF PERSONNEL

NOV-20

11 19 AM '57

MAIL ROOM

| DESCRIPTIVE RATING NUMBER | 1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY | 2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY | 3 - PERFORMS THIS DUTY ACCEPTABLY | 4 - PERFORMS THIS DUTY IN A COMPETENT MANNER | 5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB | 6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS | 7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY |
|---------------------------|---|---|-----------------------------------|--|---|--|--|
|---------------------------|---|---|-----------------------------------|--|---|--|--|

|   |                    |                     |               |
|---|--------------------|---------------------|---------------|
| SPECIFIC DUTY NO. 1<br>Conducting name checks to render case disposition. | RATING NUMBER<br>4 | SPECIFIC DUTY NO. 4 | RATING NUMBER |
| SPECIFIC DUTY NO. 2<br>Alphabetizing and filing index cards.              | RATING NUMBER<br>4 | SPECIFIC DUTY NO. 3 | RATING NUMBER |
| SPECIFIC DUTY NO. 3   | RATING NUMBER      | SPECIFIC DUTY NO. 5 | RATING NUMBER |

### 3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

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Subject performed his duties effectively and competently.  
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## SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.

- DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
- OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
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- OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
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- AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
- EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR SOME OTHER POSITION IN THE ORGANIZATION? ☐ YES ☒ NO IF YES EXPLAIN FULLY.

SECRET



**SECRET**  
(When Filled In)

### TRAINING EVALUATION--CLERICAL INDUCTION

#### SECTION I IDENTIFYING INFORMATION

|  |                                     |   |   |
|--|-------------------------------------|---|---|
| NAME OF STUDENT<br><b>PICCOLO, Joseph B.</b> |                                     | STA<br><b>M</b>                           | DATES OF ATTENDANCE<br><b>11-15 February 1957</b> |
| DATE OF BIRTH<br><b>8 December 1935</b>      | EXP. DATE<br><b>4 February 1957</b> | TITLE AND GRADE<br><b>File Clerk GS-4</b> |   |

#### SECTION II CHARACTERISTICS OF THE COURSE

Each course subject is taught daily in 45-minute sessions for a 5-day period. Students who do not meet Agency standards in shorthand and/or typewriting within this 5-day period receive further instruction in an attempt to meet the established qualifications. The second week of geography instruction is given to students who have not been assigned to their positions.

#### SECTION III OBJECTIVES

To develop speed and accuracy in shorthand, to take dictation at a minimum of 40 words per minute for 3 minutes, and to transcribe with 5 or fewer errors in not more than 15 minutes. (For qualification, students must meet this requirement at least once.)

To develop speed and accuracy in typewriting and to type a net score of 40 words per minute on a 10-minute writing (score attained after deduction of errors). (For qualification, students must meet this requirement at least once.)

To review the fundamentals of grammar, punctuation and capitalization, and word usage, and to aid the students in applying these principles of correct English usage.

To familiarize students with countries, capitals, products, political situations, and communist attitudes of Europe and Asia. (These continents are covered in alternate weeks.)

To introduce students to the system of filing as outlined in the Agency's "Handbook for Subject Filing."

#### SECTION IV RATINGS

Each student is not assigned to all course subjects. The subjects this student has completed are those for which ratings are recorded below.

| SHORTHAND   | PPH        | PPPH | NET  | QUALIFIED    | YES       | NO |
|---|------------|------|------|--------------|-----------|----|
| TYPEWRITING   | PPH        | PPPH | NET  | QUALIFIED    | YES       | NO |
| NOTE: Student met Agency standards in the following subjects before entrance to course: |            |      |      | SHORTHAND    |           |    |
|   |            |      |      | TYPEWRITING  |           |    |
| SUBJECT   | RATING     | POOR | FAIR | SATISFACTORY | EXCELLENT |    |
| GRAMMAR   | THIS CLASS |      |      |              |           |    |
|   | CLASSES    |      |      |              |           |    |
| PUNCTUATION AND CAPITALIZATION  | THIS CLASS |      |      |              |           |    |
|   | CLASSES    |      |      |              |           |    |
| WORD USAGE  | THIS CLASS |      |      |              |           |    |
|   | CLASSES    |      |      |              |           |    |

NUMBERS INDICATE HOW MANY STUDENTS RECEIVED EACH RATING. THE ASTERISKS INDICATE THIS STUDENT'S RATINGS.

EXCELLENT - - - thorough knowledge of material presented and above-average performance in meeting course goals.

SATISFACTORY - - average knowledge of material presented and adequate performance in meeting course goals.

FAIR - - - - borderline knowledge of material presented and limited performance in meeting course goals.

POOR - - - - inadequate knowledge of material presented and unsatisfactory performance in meeting course goals.

Instruction in geography and in filing provides background information. Consequently, achievement is not measured in these subjects. Participation is indicated below.

Geography ☒ Filing ☐

#### SECTION V COMMENTS

APPROVED FOR INDUCTION: **STAFF**  
 SIGNATURE OF STUDENT: **Joseph B. Piccolo**

**SECRET**



When Pilled In

THIS INFORMATION IS FOR AUTHORIZED PERSONS ONLY TEST SCORES ARE NOT TO BE REVEALED TO EXAMINEES

### EVALUATION OF TEST RESULTS (CLERICAL)

**DATE**

5 June 1956

NAME **PICCOLO, Joseph Stephan**

GRADE AND POSITION  
GS-4 Clerk

PENS'94EL 11P16, (0

THIS REPORT IS PROVIDED AS A SERVICE OF THE ASSESSMENT AND EVALUATION STAFF, OFFICE OF TRAINING, TO ASSIST APPROPRIATE OFFICIALS IN REACHING DECISIONS ABOUT THIS INDIVIDUAL. IT IS NOT INTENDED THAT YOUR DECISION BE BASED ON RESULTS OF TESTS ALONE, BUT THAT YOU COMBINE THIS INFORMATION WITH WHAT YOU KNOW ABOUT HIS BACKGROUND OF EDUCATION AND EXPERIENCE.

THIS REPORT EVALUATES THE SUBJECT'S PERFORMANCE ON SEVERAL TESTS BY SHOWING HOW WELL HE WAS DONE IN COMPARISON WITH OTHERS TESTED AT CIA FOR THE SAME GRADE LEVEL IN THE SAME PART OF BORN. SCORE DISTRIBUTIONS FOR EACH TEST AT EACH GRADE LEVEL ARE SUB-DIVIDED TO DERIVE THE DESCRIPTIVE RANGES BELOW AS FOLLOWS: VERY HIGH - HIGHEST 10%, HIGH - NEXT HIGHER 15%, ABOVE AVERAGE - NEXT LOWER 15%, AVERAGE - MIDDLE 20%, BELOW AVERAGE - NEXT LOWER 15%, LOW - NEXT LOWER 15%, VERY LOW - LOWEST 10%.

**NOTE: It is important that you remember two essential points as you review this report!**

1. This evaluation is applicable only for the grade and position stated above. Re-evaluation is necessary if an individual is to be considered for any other grade, and may be requested by the Placement Officer.
2. All tests are of equal importance for every position. It will therefore be necessary for you to recognise the relative importance of each test to the specific requirements of the position for which this person is being considered.

| NAME OF TEST                | VERY LOW | LOW | AVERAGE | ABOVE AVERAGE | HIGH | VERY HIGH |
|-----------------------------|----------|-----|---------|---------------|------|-----------|
|                             | 10%      | 15% | 15%     | 20%           | 15%  | 10%       |
| CLERICAL SPEED AND ACCURACY |          |     | ✓       |               |      |           |
| SPELLING                    |          |     |         | ✓             |      |           |
| SENTENCES                   |          |     |         |               | ✓    |           |
| NUMERICAL ABILITY           |          |     |         |               |      | ✓         |
| ABSTRACT REASONING          |          |     |         |               | ✓    |           |
| SPACE RELATIONS             |          |     |         |               |      |           |
| MECHANICAL REASONING        |          |     |         |               |      |           |
| VERBAL REASONING            |          |     |         |               |      |           |
| LA-B                        |          |     |         |               |      |           |

| TYPING TEST |     |        | SHORTHAND TEST |          |           |            |
|-------------|-----|--------|----------------|----------|-----------|------------|
| GROSS       | NET | ERRORS | FORM           | LETTER I | LETTER II | LETTER III |
|             |     |        |                |          |           |            |
|             |     |        |                |          |           |            |
|             |     |        |                |          |           |            |

LANGUAGE FACILITY

SUBJECT STATED THAT HE (NAME) LEARNED THE LANGUAGE BEFORE LEARNING ENGLISH AND THAT HE (NAME) IS MORE PROFICIENT AT THIS TIME IN

THESE FACTS ARE BROUGHT TO YOUR ATTENTION SINCE IT IS POSSIBLE THAT A SERIOUS DIFFICULTY WITH THE ENGLISH LANGUAGE COULD IMPAIR PERFORMANCE ON THESE TESTS TO SOME DEGREE

附見 附錄表 1

[illegible]



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| TEST                        | DESCRIPTION   |           |            |           |            |        |    |    |    |        |    |    |    |        |    |    |    |
|-----------------------------|---|-----------|------------|-----------|------------|--------|----|----|----|--------|----|----|----|--------|----|----|----|
| CLERICAL SPEED AND ACCURACY | A test of speed and accuracy of response in a simple perceptual task. Measures ability to perceive, retain momentarily, and correctly respond to simple number and letter combinations.<br>JUN 6 11 01 AM '55   |           |            |           |            |        |    |    |    |        |    |    |    |        |    |    |    |
| SPELLING                    | A test of ability to distinguish between correctly and incorrectly spelled words of everyday usage found to be most frequently misspelled.  |           |            |           |            |        |    |    |    |        |    |    |    |        |    |    |    |
| SENTENCES                   | A test of ability to distinguish errors in spelling, punctuation, and grammar in sentences.   |           |            |           |            |        |    |    |    |        |    |    |    |        |    |    |    |
| NUMERICAL ABILITY           | A test of ability to reason with numbers, to manipulate numerical relationships, and to deal with quantitative materials. No verbal element is present in the format of the problems.   |           |            |           |            |        |    |    |    |        |    |    |    |        |    |    |    |
| ABSTRACT REASONING          | A non-verbal test of reasoning ability. Measures ability to perceive relationships in changing abstract figure patterns and to generalize changes into operating principles.  |           |            |           |            |        |    |    |    |        |    |    |    |        |    |    |    |
| SPACE RELATIONS             | A test of ability to visualize and mentally manipulate forms and patterns in three-dimensional space.   |           |            |           |            |        |    |    |    |        |    |    |    |        |    |    |    |
| MECHANICAL REASONING        | A test of ability to understand and apply mechanical and physical principles presented pictorially in familiar settings.  |           |            |           |            |        |    |    |    |        |    |    |    |        |    |    |    |
| VERBAL REASONING            | A verbal test of reasoning ability. Measures ability to abstract, generalize, and think constructively from concepts presented in word analogies.   |           |            |           |            |        |    |    |    |        |    |    |    |        |    |    |    |
| LEARNING ABILITY<br>Form 5  | A test of general mental ability consisting of questions on vocabulary, arithmetical reasoning, and verbal analogies.   |           |            |           |            |        |    |    |    |        |    |    |    |        |    |    |    |
| TYPING                      | A ten-minute straight copy test of speed and accuracy in typing material of average difficulty. Typing scores are reported as follows:<br>Gross - Total words per minute.<br>Net - Gross words per minute minus 1 for each error made.<br>Errors - Total Number   |           |            |           |            |        |    |    |    |        |    |    |    |        |    |    |    |
| SHORTHAND                   | A test composed of three typical business letters dictated at different speeds as follows: Letter I: 60 words per minute; Letter II: 80 words per minute; Letter III: 100 words per minute. Maximum possible scores are as follows:<br><table><tr><td></td><td>Letter I</td><td>Letter II</td><td>Letter III</td></tr><tr><td>Form A</td><td>49</td><td>59</td><td>60</td></tr><tr><td>Form B</td><td>50</td><td>51</td><td>49</td></tr><tr><td>Form C</td><td>50</td><td>50</td><td>50</td></tr></table> |           | Letter I   | Letter II | Letter III | Form A | 49 | 59 | 60 | Form B | 50 | 51 | 49 | Form C | 50 | 50 | 50 |
|                             | Letter I  | Letter II | Letter III |           |            |        |    |    |    |        |    |    |    |        |    |    |    |
| Form A                      | 49  | 59        | 60         |           |            |        |    |    |    |        |    |    |    |        |    |    |    |
| Form B                      | 50  | 51        | 49         |           |            |        |    |    |    |        |    |    |    |        |    |    |    |
| Form C                      | 50  | 50        | 50         |           |            |        |    |    |    |        |    |    |    |        |    |    |    |

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**ADMINISTRATIVE**  
Internal Use Only

**REPORT OF SERVICE ABROAD**

**TO:** Office of Personnel, Control Division, Statistical Reporting Branch

| SERIAL NO.<br>1-6 | NAME            |               |        |
|-------------------|-----------------|---------------|--------|
|                   | LAST<br>(Print) | FIRST<br>7-24 | MIDDLE |
| 025658            | PICCOLO         | JOSEPH        | S      |

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 56, REVISED.

**PCS DATES OF SERVICE**

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA | O/P USE ONLY  |    | COUNTRY |       |
|-------------|-------|-------|---------------|-------|-------|--------------|---|----|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |              | CODE  |    |         | CODE  |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 |              | 1 - PCS (Basic)<br>2 - CORRECTION<br>3 - CANCELLATION | 27 | 38 39   | 40-42 |
|             |       |       |               |       |       |              |   |    |         |       |

**TDY DATES OF SERVICE**

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  |      | O/P<br>USE<br>ONLY | AREA(S) |              |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------------|---------|--------------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  | 1 - TDY (Basic)<br>4 - CORRECTION<br>6 - CANCELLATION | CODE |                    |         | CODE         |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 |   | 37   | 38                 | 39      | 40-42        |
| 01          | 20    | 77    | 01            | 24    | 77    |   |      |                    |         | WEST HEM 811 |

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

**SOURCE DOCUMENT AND CERTIFICATION**

|  |   |
|--|---|
| <input checked="" type="checkbox"/> TRAVEL VOUCHER | DISPATCH                                  |
| CABLE  | DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| OTHER (Specify)                                    |   |

|  |  |
|--|--|
| DOCUMENT IDENTIFICATION NO.<br>LA 137-77 | DOCUMENT DATE/PERIOD<br>20 JAN 77 to 24 JAN 77 |
|--|--|

REMARKS

|                    |   |  |
|--------------------|---|--|
| PREPARED BY<br>SFO | REPORT ANNOTATED ON<br>CONTROL DOCUMENT | ABOVE DATA CERTIFIED CORRECT BASED UPON SOURCE<br>DOCUMENT CITED |
| DATE<br>3/10/77    | SIC                                     |  |

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

17 14514

**ADMINISTRATIVE-Internal Use Only**

18-101



CONFIDENTIAL

MEMORANDUM FOR: Joseph S. Piccolo

SUBJECT : Acknowledgment of Evaluation Board Functional Category

REFERENCE : Evaluation Board Precepts for Your Grade

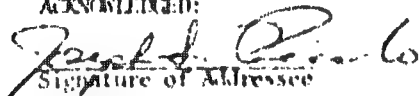
1. Based upon an examination of your past assignments and duties, and after considering likely future assignments, you have been placed (subject to your signature below) in the functional category IXG for Evaluation Board purposes. Precise definitions of this category are contained in the Evaluation Board precepts for your grade. This placement is made in order that your performance, growth potential, and career planning may be judged against officers similarly placed professionally. YOU ARE URGED TO STUDY THE PRECEPTS AND CONSIDER YOUR OWN CASE CAREFULLY.

2. In general, you should consider the following:
  - a. Categories are sharply defined. Competition is within categories, not between them. Thus, a weak B/OG performance is not strengthened by reclassifying it as B/OS.
  - b. A change in category after sustained performance in a different category may cause a temporary loss of momentum in your career advancement until you have demonstrated proficiency in your new assignment.
  - c. A category change should not be initiated for the period of a temporary, training or rotational assignment unless a permanent change of career track will follow.

3. If you believe that this is not the correct category for you because the substantive nature of your job more closely approximates another category or because you have made a permanent change of career track, please take the matter up through your command channel to secure the concurrence of your component of assignment or of your home base component, as appropriate, to a change of your category. Previously assigned and acknowledged categories will remain in effect until a fully executed acknowledgment of change is received by the Career Management Staff.

4. Please sign and date this notification in the space provided and return it to your Personnel Evaluation and Management Officer or to your Personnel Officer.

ACKNOWLEDGED:

  
Signature of Addressee

11 April 1974  
Date

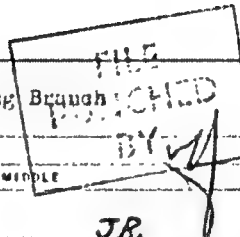
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**ADMINISTRATIVE**  
Internal Use Only

**REPORT OF SERVICE ABROAD**

**TO:** Office of Personnel, Control Division, Statistical Reporting



| SERIAL NO.<br>1-6 | NAME             |               |        |
|-------------------|------------------|---------------|--------|
|                   | LAST<br>(FAMILY) | FIRST<br>7-24 | MIDDLE |
| 025 658           | PICCOLA          | JOSEPH        | S. JR. |

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 88, REVISED.

**PCS DATES OF SERVICE**

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | CODE | O/P USE ONLY | COUNTRY | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |      |              |         |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 1 - PCS (Basic)<br>3 - CORRECTION<br>8 - CANCELLATION | 37   | 38 39        |         | 40-42 |
|             |       |       |               |       |       |   |      |              |         |       |

**TDY DATES OF SERVICE**

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | CODE | O/P USE ONLY | COUNTRY | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |      |              |         |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 2 - TDY (Basic)<br>4 - CORRECTION<br>8 - CANCELLATION | 37   | 38 39        |         | 40-42 |
| 06          | 12    | 76    | 06            | 22    | 76    |   | 2    |              | AFRICA  | 809   |

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

**SOURCE DOCUMENT AND CERTIFICATION**

|  |  |
|--|--|
| <input checked="" type="checkbox"/> TRAVEL VOUCHER | <input type="checkbox"/> DISPATCH                                  |
| <input type="checkbox"/> CABLE                     | <input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| <input type="checkbox"/> OTHER (Specify)           |  |

|   |                                 |
|---|---------------------------------|
| DOCUMENT IDENTIFICATION NO.<br>C-1 106-76 | DOCUMENT DATE/PERIOD<br>6/12/76 |
|---|---------------------------------|

|         |
|---------|
| REMARKS |
|---------|

|                            |                                      |  |
|----------------------------|--------------------------------------|--|
| PREPARED BY<br>[signature] | REPORT ANNOTATED ON CONTROL DOCUMENT | ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED |
| DATE<br>7-27-76            | SIGNATURE                            |  |

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER



**SECRET**  
(When Filled In)

| REPORT OF SERVICE ABROAD   |       |                 |                     |       |       |  |   |  |                    |          |         |               |  |  |
|--|-------|-----------------|---------------------|-------|-------|--|---|--|--------------------|----------|---------|---------------|--|--|
| TO: Office of Personnel, Control Division, Statistical Reporting Branch  |       |                 |                     |       |       |  |   |  |                    |          |         |               |  |  |
| SERIAL NO.   |       | NAME            |                     |       |       |  |   |  |                    |          |         |               |  |  |
| 1-6  |       | LAST<br>(Print) |                     |       |       | FIRST<br>7-24  |   |  |                    | MIDDLE   |         |               |  |  |
| C25658   |       | PLOCAC          |                     |       |       | JOSEPH   |   |  |                    | S.       |         |               |  |  |
| INSTRUCTIONS   |       |                 |                     |       |       |  |   |  |                    |          |         |               |  |  |
| USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 98, REVISED. |       |                 |                     |       |       |  |   |  |                    |          |         |               |  |  |
| PCS DATES OF SERVICE   |       |                 |                     |       |       |  |   |  |                    |          |         |               |  |  |
| ARRIVAL O/S  |       |                 | DEPARTURE O/S       |       |       | TYPE OF DATA   |   |  | O/P<br>USE<br>ONLY |          | COUNTRY |               |  |  |
| MONTH  | DAY   | YEAR            | MONTH               | DAY   | YEAR  | 1 - PCS (Basic)<br>3 - CORRECTION<br>5 - CANCELLATION          |   |  | CODE               | 37 38 39 |         | CODE<br>40-42 |  |  |
| 25-26  | 27-28 | 29-30           | 31-32               | 33-34 | 35-36 |  |   |  | 37                 |          |         |               |  |  |
|  |       |                 |                     |       |       |  |   |  |                    |          |         |               |  |  |
| TDY DATES OF SERVICE   |       |                 |                     |       |       |  |   |  |                    |          |         |               |  |  |
| ARRIVAL O/S  |       |                 | DEPARTURE O/S       |       |       | TYPE OF DATA   |   |  | O/P<br>USE<br>ONLY |          | AREA(S) |               |  |  |
| MONTH  | DAY   | YEAR            | MONTH               | DAY   | YEAR  | 2 - TDY (Basic)<br>4 - CORRECTION<br>6 - CANCELLATION          |   |  | CODE               | 37 38 39 |         | CODE<br>40-42 |  |  |
| 25-26  | 27-28 | 29-30           | 31-32               | 33-34 | 35-36 |  |   |  | 37                 |          |         |               |  |  |
| C 8  | 25    | 76              | C 9                 | 03    | 76    |  |   |  | 2                  |          |         | EUROPE        |  |  |
| OFFICE OF PERSONNEL USE ONLY - PUNCH AREA  |       |                 |                     |       |       |  |   |  |                    |          |         |               |  |  |
| SOURCE DOCUMENT AND CERTIFICATION  |       |                 |                     |       |       |  |   |  |                    |          |         |               |  |  |
| TRAVEL VOUCHER   |       |                 |                     |       |       |  | DISPATCH                                  |  |                    |          |         |               |  |  |
| CABLE  |       |                 |                     |       |       |  | DUTY STATUS OR TIME AND ATTENDANCE REPORT |  |                    |          |         |               |  |  |
| OTHER (Specify)  |       |                 |                     |       |       |  |   |  |                    |          |         |               |  |  |
| DOCUMENT IDENTIFICATION NO.  |       |                 |                     |       |       |  | DOCUMENT DATE/PERIOD                      |  |                    |          |         |               |  |  |
| CI 25-76   |       |                 |                     |       |       |  | 8-22-76                                   |  |                    |          |         |               |  |  |
| REMARKS  |       |                 |                     |       |       |  |   |  |                    |          |         |               |  |  |
|  |       |                 |                     |       |       |  |   |  |                    |          |         |               |  |  |
| PREPARED BY  |       |                 | REPORT SUBMITTED TO |       |       | ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT FILED |   |  |                    |          |         |               |  |  |
| DATE   |       |                 | DATE                |       |       | SIGNATURE  |   |  |                    |          |         |               |  |  |
|  |       |                 |                     |       |       |  |   |  |                    |          |         |               |  |  |
| THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL<br>IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER  |       |                 |                     |       |       |  |   |  |                    |          |         |               |  |  |



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(When Filled In)

# RESIDENCE AND DEPENDENCY REPORT

AN ORIGINAL OF THIS FORM WILL BE FURNISHED BY EACH EMPLOYEE AT THE TIME OF HIS APPOINTMENT AND WHEN A CHANGE OCCURS IN THE INFORMATION SHOWN BELOW. ITEMS OF CHANGE MAY BE REPORTED IN THE APPROPRIATE BLOCKS WITHOUT COMPLETING THE REMAINDER OF THE FORM EXCEPT THE EMPLOYEE'S SIGNATURE AND DATE. WHEN EXECUTING ITEM 4 ALSO COMPLY WITH HHS 70-2, PERSONNEL EMERGENCY AND LOCATOR REPORTS. THIS FORM WILL BE COMPLETED ONLY BY HEADQUARTERS PERSONNEL AND NOT SENT TO THE FIELD. FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

## GENERAL

NAME OF EMPLOYEE (Last) (First) (Middle) (Suffix)  
**PICCOLO Joseph Stephan Jr.**

1. MARITAL STATUS (Check one)  
☐ SINGLE ☒ MARRIED ☐ SEPARATE ☐ DIVORCED ☐ WIDDED ☐ ANNULLED  
 IF MARRIED, PLACE OF MARRIAGE: **Falls Church, Virginia** DATE OF MARRIAGE: **14 Feb 1967**  
 IF DIVORCED, PLACE OF DIVORCE DECREE: DATE OF DECREE:

2. MEMBERS OF FAMILY

| NAME OF SPOUSE   | ADDRESS (No. Street, City, State, Zip Code) | TELEPHONE NO. (703)   |
|--|---|-----------------------|
|  | <b>Oakton, Va. 22124</b>                    | <b>629-4130</b>       |
| NAMES OF CHILDREN  | AGE   | SEX                   |
|  | <b>Same</b>                                 | <b>F</b>              |
|  | <b>Same</b>                                 | <b>F</b>              |
| NAME OF FATHER (or male guardian)                          | ADDRESS                                     | TELEPHONE NO.         |
| <b>Joseph Piccolo Sr.</b>                                  | <b>Fort Lauderdale, Fla. 33305</b>          | <b>(305) 564-5234</b> |
| NAME OF MOTHER, INCLUDING MAIDEN NAME (or female guardian) | ADDRESS                                     | TELEPHONE NO.         |
|  | <b>Fort Lauderdale, Florida 33305</b>       | <b>(305) 564-5234</b> |

WHAT MEMBERS OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY. Both Parents and my In-Laws are aware.

3. OTHER RELATIVES WHO ARE DEPENDENT UPON ME FOR AT LEAST 51% OF THEIR SUPPORT AND MEET OTHER REQUIREMENTS IN TRAVEL REGULATIONS (HHS 72-19). SPECIFY NAMES AND RELATIONSHIPS.

| NAME        | DATE OF BIRTH | RELATIONSHIP |
|-------------|---------------|--------------|
| <b>None</b> |               |              |

4. PERSON RESIDING IN U.S. TO BE NOTIFIED IN CASE OF EMERGENCY

| NAME (Mr., Mrs., Miss)   | RELATIONSHIP                   |
|--|--------------------------------|
| <b>Mrs. [Redacted]</b>   | <b>Mother</b>                  |
| HOME ADDRESS (No. Street, City, State, Zip Code) and NAME OF EMPLOYER, IF APPLICABLE     | HOME TELEPHONE NUMBER          |
| <b>Fort Lauderdale, Fla. 33305</b>   | <b>(305) 564-5234</b>          |
| BUSINESS ADDRESS (No. Street, City, State, Zip Code) and NAME OF EMPLOYER, IF APPLICABLE | BUSINESS TELEPHONE & EXTENSION |
| <b>N/A</b>   |                                |

IS THE INDIVIDUAL NAMED ABOVE OFFICER OF A U.S. ARMY OR NAVY ORGANIZATION (If "Yes" give name and address of organization he belongs to below) **X**

IS THE INDIVIDUAL AUTHORIZED TO MAKE DISPOSITIONS AS TO A REMAIN IN THE FIELD OR BE TRANSPORTED (If "Yes" give name and address of person, if any, who can make such decisions in case of emergency) **X**

WILL THIS INDIVIDUAL SURE THAT HE HAS BEEN SO ADVISED BY YOUR EMPLOYER'S ORGANIZATION (If "Yes" so indicate on item 5) **X**

The person named in item 4 or 5 above may also be notified in case of emergency. If such notification is not desired because of duty in an armed service, please so state in item 6 on the reverse side of this form.

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(When filled in)

|   |   |
|---|---|
| <b>5. VOLUNTARY ENTS</b><br>Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.<br>INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED. |   |
| Joseph S. Piccolo Jr. & [Redacted] (Joint Accounts)<br><br>Potomac Bank & Trust Co. (Checking and Savings)<br>10355 Lee Highway (Safe Deposit Box)<br>Fairfax, Virginia 22030   |   |
| ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>IF YES, DO YOU HAVE A JOINT ACCOUNT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |   |
| HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" where is document located?)<br>Safe Deposit Box, Potomac Bank & Trust. (Copy with Parents)   |   |
| HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" give name(s) and address) Specified in Will. Initial contact would be In-Laws. Mrs. [Redacted] Manassas, Va. 22110  |   |
| HAVE YOU EXECUTED A POWER OF ATTORNEY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes", who possess the power of attorney?)<br>My Wife.  |   |
| <b>6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS</b><br><br><br><br><br><br><br><br><br><br>  |   |
| <b>7. RESIDENCE DATA - TO BE COMPLETED ONLY BY EMPLOYEES ENTERING ON DUTY</b><br><small>(No Approval Required)</small>  |   |
| RESIDENCE WHEN EMPLOYED (Full Address)  | PRESENT PLACE OF RESIDENCE AS DEFINED IN HR 22-3 (Full Address)<br><br>[Redacted]<br>Oakton, Virginia 22124 |
| <b>8. CHANGE IN PERMANENT PLACE OF RESIDENCE</b> <small>(See HR 22-3)</small><br><small>(To Be Completed by Employee Desiring Such Change While Assigned in Headquarters)</small>   |   |
| FULL ADDRESS<br>Mr. [Redacted] (In-Laws)<br>[Redacted]<br>Manassas, Va. 22110   | DATE OF RESIDENCE CHANGE<br>[Redacted]<br>DATE OF RESIDENCE CHANGE (month, day, year)<br>[Redacted]         |
| SIGNED AT<br>Washington D.C.  | DATE<br>29 Feb 77   |

**CONFIDENTIAL**



## SERVICE ABROAD AGREEMENT

IT IS UNDERSTOOD THAT YOU AGREE TO SERVE THE PERIOD OF SERVICE ABROAD PRESCRIBED IN SECTION II BELOW AND THAT THE GOVERNMENT IS OBLIGATED TO RETURN YOU, YOUR DEPENDENTS AND YOUR HOUSEHOLD AND PERSONAL EFFECTS UPON THE SATISFACTORY COMPLETION OF THIS PERIOD. YOUR ALLOWABLE EXPENSES SHALL BE DETERMINED IN ACCORDANCE WITH AGENCY REGULATIONS.

IF YOU TERMINATE YOUR PRESENT ASSIGNMENT OUTSIDE THE CONTINENTAL UNITED STATES BEFORE YOU COMPLETE 12 MONTHS OF CREDITABLE SERVICE FOLLOWING THE DATE OF YOUR ARRIVAL ABROAD, YOU WILL BE REQUESTED TO REIMBURSE THE GOVERNMENT FOR ALL EXPENSES IT INCURS IN THE TRAVEL AND TRANSPORTATION OF YOU, YOUR DEPENDENTS, YOUR HOUSEHOLD AND PERSONAL EFFECTS TO YOUR POST. IF YOU FAIL TO COMPLETE YOUR PRESCRIBED TOUR OF DUTY ABROAD YOU WILL NOT BE ENTITLED TO THE RETURN TRAVEL AND TRANSPORTATION OF YOURSELF, YOUR DEPENDENTS AND YOUR HOUSEHOLD AND PERSONAL EFFECTS TO THE UNITED STATES. IF, HOWEVER, AGENCY OFFICIALS DETERMINE THAT YOUR EARLY DEPARTURE IS NECESSARY FOR OFFICIAL REASONS, OR FOR PERSONAL REASONS OF SIGNIFICANT INTEREST TO THE GOVERNMENT, THEY MAY WAIVE THE REIMBURSEMENT OF EXPENSES ALREADY INCURRED, OR AUTHORIZE YOUR RETURN TRAVEL AND TRANSPORTATION, WHICHEVER IS APPLICABLE.

IF ELIGIBLE UNDER THE TERMS OF HR 20-30, YOU WILL BE GRANTED HOME LEAVE AS SOON AS IT CAN BE ARRANGED AT GOVERNMENT CONVENIENCE AFTER COMPLETION OF YOUR PRESCRIBED TOUR OF DUTY, PROVIDED YOU HAVE SERVED AT LEAST 18 MONTHS OF CONTINUOUS CREDITABLE SERVICE OUTSIDE THE UNITED STATES. HOME LEAVE AND HOME LEAVE TRAVEL ARE CONTINGENT UPON YOUR WILLINGNESS TO RETURN, AND CONTEMPLATION BY AGENCY OFFICIALS THAT YOU WILL RETURN TO SERVICE OUTSIDE THE UNITED STATES IMMEDIATELY AFTER HOME LEAVE OR UPON COMPLETION OF AN ASSIGNMENT IN THE UNITED STATES.

YOU ARE ADVISED THAT NO MONIES DUE YOU FROM THE GOVERNMENT MAY BE APPLIED IN LIQUIDATION OF ANY INDEBTEDNESS ARISING FROM VIOLATION OF THIS AGREEMENT. YOU WILL BE AFFORDED ALL NORMAL RIGHTS IN APPEALING DECISIONS MADE PURSUANT TO THIS AGREEMENT.

50

PICCOLO, Joseph S. Jr.

13

## II. TOUR OF DUTY ABROAD

1. NAME OF POST OF ASSIGNMENT:

Mexico City, Mexico

7. PERIOD OF SERVICE ABOARD AS NAVY/NAVY IN U. S. OR C. REG'D

A. STANDARD TOUR OF DUTY OF 24 HOURS \_\_\_\_\_ X

C. NONSTANDARD TOUR OF DUTY OF \_\_\_\_\_ MONTHS FOR THIS TOUR ONLY FOR THE EMPLOYEE SIGNING THIS AGREEMENT? (See HR 20-1A)

REQUESTED (none attached)

OPERATING OFFICIAL

8. Notwithstanding to the duty of \_\_\_\_\_, which  
previously approved per me 25. 22

## CONCULR

## CALIBRE SERVICE

DISPUTATION

44-38861-100

**APPROVED**

## DIRECTOR OF LIBRARY

44. PINYAMINI PLACE OF RESIDENCE

1. The following table shows the number of persons who have been convicted of a crime in the United States since 1900. The number of persons convicted of a crime in the United States since 1900 is shown in the following table.

[illegible]

15 3100.

SECRET

11. 10748? (1) 01. 010610

0 2 9 4 0 2 4 3

[illegible]



**SECRET**

*(When filled in)*

|   |  |  |  |
|---|--|--|--|
| <b>3. PHYSICAL Dwellings PLACE (Permanent Place of Residence unless address in item 6 is approved in item 3)</b><br>FULL ADDRESS<br><div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> Oakton, Virginia 22126   |  | <b>9. OTHER PLACE REQUESTED (Requested Permanent Place of Residence if different from item 3)</b><br>FULL ADDRESS<br><div style="text-align: center; margin-top: 20px;">N/A</div>  |  |
| <div style="text-align: right; margin-right: 20px;"><b>APPROVED</b></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="border: 1px solid black; height: 30px; width: 100%; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">DEPUTY DIRECTOR</div> <div style="width: 40%;">DATE</div> </div> </div> <div style="width: 40%;"> <div style="border: 1px solid black; height: 30px; width: 100%; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">DIRECTOR OF PERSONNEL</div> <div style="width: 40%;">DATE</div> </div> </div> </div> |  | <div style="text-align: center; margin-bottom: 5px;"><b>CONCUR</b></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">DEPUTY DIRECTOR</div> <div style="width: 40%;">DATE</div> </div> <div style="text-align: center; margin-top: 5px;"><b>APPROVED</b></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">DEPUTY DIRECTOR</div> <div style="width: 40%;">DATE</div> </div> |  |
| <b>IV. HOME LEAVE POINT</b><br>7. AMONG THE PLACES YOU MAY REQUEST AS A HOME LEAVE POINT ARE: YOUR PERMANENT PLACE OF RESIDENCE SHOWN ABOVE, HEADQUARTERS AREA, AND WHERE YOUR CHILDREN, PARENTS, PARENTS-IN-LAW, BROTHERS, SISTERS, BROTHERS-IN-LAW, OR SISTERS-IN-LAW RESIDE.<br>8. YOU MAY REQUEST FOR APPROVAL SOME OTHER POINT SUBJECT TO THE PROVISIONS OF HR 20-308(3)(C). THE REQUEST MUST BE ACCOMPANIED BY A MEMORANDUM EXPLAINING THE CIRCUMSTANCES.   |  |  |  |
| <b>9. DESIGNATION PER ITEM 7 ABOVE</b><br>FULL ADDRESS<br><div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> Manassas, Virginia 22110   |  | <b>10. DESIGNATION PER ITEM 8 ABOVE</b><br>FULL ADDRESS<br><div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>  |  |
| <div style="text-align: right; margin-right: 20px;"><b>APPROVED</b></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="border: 1px solid black; height: 30px; width: 100%; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">DEPUTY DIRECTOR</div> <div style="width: 40%;">DATE</div> </div> </div> <div style="width: 40%;"> <div style="border: 1px solid black; height: 30px; width: 100%; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">DIRECTOR OF PERSONNEL</div> <div style="width: 40%;">DATE</div> </div> </div> </div> |  | <div style="text-align: center; margin-bottom: 5px;"><b>CONCUR</b></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">DEPUTY DIRECTOR</div> <div style="width: 40%;">DATE</div> </div> <div style="text-align: center; margin-top: 5px;"><b>APPROVED</b></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">DEPUTY DIRECTOR</div> <div style="width: 40%;">DATE</div> </div> |  |
| <b>EMPLOYEE CERTIFICATION</b><br><div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 10px;"></div>  |  |  |  |
| I have read and understand my service obligations and travel entitlements as described in this agreement.   |  |  |  |
| Signature of Employee<br><div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>   |  | DATE<br>10 Feb 1999  |  |

**SECRET**



(WHEN FILLED IN)

#### APPLICANT COOLING DATA

|                              |                           |  |
|------------------------------|---------------------------|--|
| 1. ID                        | 2. APPL. NO.<br>6-DIGITS  | 3. NAME<br>MUST CONTAIN 20-DIGITS  |
| 4. DATE OF BIRTH<br>MO DA YR | 5. DATE CODED<br>MO DA YR | THE DATA ABOVE (ITEMS 2 THRU 5) WILL BE FILLED IN WHEN CODING AN APPLICANT FOR THE FIRST TIME. THIS FORM IS THEN ATTACHED TO FORM 1962, MASTER QUALIFICATIONS CODING RECORD. |
|                              |                           |  |

|                   |  |                 |  |                  |  |                       |  |   |   |   |   |   |   |   |    |
|-------------------|--|-----------------|--|------------------|--|-----------------------|--|---|---|---|---|---|---|---|----|
| 1. ID             |  | 2. EMPLOYEE NO. |  | 3. NAME          |  | 4. LANGUAGE DATA CODE |  |   |   |   |   |   |   |   |    |
| ◁ 3               |  | •               |  | 3-LETTERS        |  | •                     |  | BASE CODE   | R | W | P | S | U | T | YR |
| 5. DATE SUBMITTED |  |                 |  | 6. DATE OF BIRTH |  |                       |  | WHEN FORM 444C DENOTES NO LANGUAGE COMPETENCE, ENTER THE FOLLOWING IN ITEM 4: "NO+LANGUAGE" (12-DIGITS) |   |   |   |   |   |   |    |
| MO                |  | DA              |  | YR               |  | MO                    |  |   |   |   |   |   |   |   |    |
| •                 |  |                 |  |                  |  | •                     |  |   |   |   |   |   |   |   |    |

|                             |                 |           |         |                              |   |   |  |    |    |    |    |
|-----------------------------|-----------------|-----------|---------|------------------------------|---|---|--|----|----|----|----|
| 1. ID                       | 2. EMPLOYEE NO. | 3. NAME   | 4. CODE | 5. LANGUAGE DATA BEFORE TEST |   |   |  |    |    |    |    |
|                             |                 | 3-LETTERS | C-A-D   | BASE CODE                    | R | W | P  | S  | U  | T  | YR |
| 65                          | 425658          | PIC       | C       | BL18                         | i | 3 | i  | i  | i  | 4  | 69 |
| 6. LANGUAGE DATA AFTER TEST |                 |           |         | 7. DATE OF TEST              |   |   | DATA FOR ITEM 2 THRU 7 IS<br>EXTRACTED FROM 1273.<br>LANGUAGE PROFICIENCY AND<br>AWARDS DATA |    |    |    |    |
| BASE CODE                   |                 | R         | W       | P                            | S | U | T  | YR | MO | DA | YR |
| BL18                        |                 | i         | 3       | i                            | E | i | 4  | 76 | 42 | 11 | 76 |

[illegible]

1962

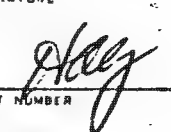
**SECRET**

0 2, 000-000 1, 000 000 000

2000-00-0000



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| CERTIFICATION OF LANGUAGE PROFICIENCY  |   |                             |   |               |   |                                     |      |                                |           |  |   |                       |   |   |     |      |
|--|---|-----------------------------|---|---------------|---|-------------------------------------|------|--------------------------------|-----------|--|---|-----------------------|---|---|-----|------|
| 1. EMPLOYEE NO.  |   | 2. NAME (LAST-FIRST-MIDDLE) |   |               |   | 3. TYPE CHANGE                      |      | 4. LANGUAGE DATA PRIOR TO TEST |           |  |   |                       |   |   |     |      |
| 125154   |   | PICCOLO, JOSEPH S.          |   |               |   | A = ADD<br>C = CHANGE<br>D = DELETE |      | CODE                           | LAN. CODE | R  | R | P                     | S | U | 1/T | YEAR |
| 5. LANGUAGE DATA AFTER TEST  |   |                             |   |               |   | 6. DATE TESTED                      |      | 7. DATE OF BIRTH               |           | 8. GRADE   |   | 9. OFFICE OR DIVISION |   |   |     |      |
| LAN. CODE  | R | R                           | P | S             | U | 1/T                                 | YEAR | 02/11/76                       |           | 12/12/35   |   | 13 LA                 |   |   |     |      |
| NOTICE TO PERSON TESTED  |   |                             |   |               |   |                                     |      |                                |           |  |   |                       |   |   |     |      |
| 10. ON THE DATE SHOWN IN ITEM 6 ABOVE, YOU WERE TESTED IN <u>SPANISH BL18</u><br>AND YOUR TEST SCORES ARE AS FOLLOWS: (NAME OF LANGUAGE) |   |                             |   |               |   |                                     |      |                                |           |  |   |                       |   |   |     |      |
| READING  |   | WRITING                     |   | PRONUNCIATION |   | SPEAKING                            |      | UNDERSTANDING                  |           | TEST RATINGS   |   |                       |   |   |     |      |
| I+   |   | +                           |   | +             |   | E                                   |      | I                              |           | Z = ZERO I = INTERMEDIATE<br>S = SLIGHT H = HIGH<br>E = ELEMENTARY N = NATIVE        |   |                       |   |   |     |      |
| 11. REMARKS: * Indicates not tested or Pronunciation included in Speaking grade)   |   |                             |   |               |   |                                     |      |                                |           | 12. SIGNATURE  |   |                       |   |   |     |      |
| DATE <u>12/11/76</u><br>12/11/76   |   |                             |   |               |   |                                     |      |                                |           |  |   |                       |   |   |     |      |
|  |   |                             |   |               |   |                                     |      |                                |           | 13. TEST NUMBER  |   |                       |   |   |     |      |
|  |   |                             |   |               |   |                                     |      |                                |           | 27137  |   |                       |   |   |     |      |

FORM 1273 1-74 PREVIOUS EDITIONS OBSOLETE

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| ACTION                      | 2 |                     |            | 3         | 6  |
| O                           |   |                     |            |           |    |
| T 839692 EIA497             |   | PAGE 01             |            | IN 889961 |    |
|                             |   | TOR: 141553Z APR 76 |            | 32942     |    |

SECRET 141519Z APR 76 STAFF

CITE 32942

TO: DIRECTOR,

RYBAT SECRETARY

Joseph S. Piccolo

1. WITH COMPLIMENT MESSRS. PICCOLO AND        ON THEIR

       THEY WERE WELL PREPARED IN ADVANCE, WORKED HARD HERE, AND WERE VERY SELF SUFFICIENT, CAUSING MINIMUM DISRUPTION OF        THEY DUG DEEPLY BUT MADE A GREAT EFFORT TO BE CONSTRUCTIVE AT ALL TIMES, RATHER THAN JUST PLAIN CRITICAL. ONCE WE GOT GOING THE FEELING THAT WE WERE BEING INSPECTED QUICKLY DISAPPEARED AND WAS REPLACED BY ONE OF TEAMWORK.

2. ASIDE FROM PROVIDING        BENEFITS ACCRUED TO        FROM THE SURVEY. IT MOTIVATED A USEFUL SELF-ANALYSIS BEFORE THE TEAM ARRIVED. THE TEAM'S STUDY OF        WHICH MOST OF US HAD NEVER READ, UNCOVERED VARIOUS INDICATORS WHICH GAVE BETTER PERSPECTIVE TO        THE INFORMAL FRANK DISCUSSIONS RESULTED IN A NUMBER OF IDEAS FOR CHANGES WHICH WE WILL MAKE. WE LOOK FORWARD TO RECEIVING THE TEAM'S FORMAL REPORT, AT WHICH TIME WE WILL COMMENT ON ACTIONS TAKEN AND PLANNED. AND PROVIDE A FEW IDEAS WHICH MIGHT BE USEFUL FOR FUTURE SURVEYS.

SECRET



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| ACTION UNIT                 | I<br>N<br>F<br>O | RF. FILE | VFL |   | 1     | 4 |
|                             |                  |          |     |   | 2     | 5 |
|                             |                  |          |     |   | 3     | 6 |
| ACTION #                    |                  |          |     |   |       |   |

T 839692

EJA497

PAGE 02-02

IN 889961

TOR:141553Z APR 76

32942

3. NO FILE. E2 IMPDET

**SECRET**







**ADMINISTRATIVE**  
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**REPORT OF SERVICE ABROAD**

**TO:** Office of Personnel, Control Division, Statistical Reporting Branch

**FILE  
PUNCHED  
BY**

|                   |                 |               |
|-------------------|-----------------|---------------|
| SERIAL NO.<br>1-5 | NAME            |               |
|                   | LAST<br>(Print) | FIRST<br>7-24 |
| 025658            | PUNCHER         | JOSEPH S.     |

INSTRUCTIONS  
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

**PCS DATES OF SERVICE**

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | CODE | O/P<br>USE<br>ONLY | COUNTRY | CODE |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------------|---------|------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |      |                    |         |      |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 1 - PCS (Basic)<br>2 - CORRECTION<br>3 - CANCELLATION |      |                    |         |      |

**TDY DATES OF SERVICE**

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | CODE | O/P<br>USE<br>ONLY | AREA(S)               | CODE |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------------|-----------------------|------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |      |                    |                       |      |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 1 - TDY (Basic)<br>2 - CORRECTION<br>3 - CANCELLATION |      |                    |                       |      |
| 03          | 22    | 76    | 04            | 11    | 76    | 2   |      |                    | WESTERN<br>HEMISPHERE | 811  |

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| <input checked="" type="checkbox"/> TRAVEL VOUCHER | DISPATCH                                  |
| CABLE  | DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| OTHER (Specify)                                    |   |

|   |                                 |
|---|---------------------------------|
| DOCUMENT IDENTIFICATION NO.<br>CI 76-76 | DOCUMENT DATE/PERIOD<br>3/22/76 |
|---|---------------------------------|

REMARKS

|                    |  |  |
|--------------------|--|--|
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| DATE<br>4/28/76    | SIGNATURE                              |  |

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| ACTION #   | 3 |   |    | 4   |  |
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| T 839692   |   | EIA497  |    | PAGE 31   |  |
|  |   |   |    | IN 889961   |  |
|  |   | TOR:141553Z APR 76  |    | 32942   |  |

SECRET 141519Z APR 76 STAFF

CITE                      32942

TO: DIRECTOR,

RYBAT SGCHART

1. HIGH COMPLIMENT MESSRS. PICCOLO AND                      ON THEIR                      THEY WERE WELL PREPARED IN ADVANCE, WORKED HARD HERE, AND WERE VERY SELF SUFFICIENT. CAUSING MINIMUM DISRUPTION OF                      THEY DUG DEEPLY BUT MADE A GREAT EFFORT TO BE CONSTRUCTIVE AT ALL TIMES, RATHER THAN JUST PLAIN CRITICAL. ONCE WE GOT GOING THE FEELING THAT WE WERE BEING INSPECTED QUICKLY DISAPPEARED AND WAS REPLACED BY ONE OF TEAMWORK.

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T 839692

EJA497

PAGE 22-02

IN 889961

TOR:141553Z APR 76

32942

3. NO FILE. E2 IMPDET

**SECRET**



SECRET

22 December 1975

MEMORANDUM FOR: Chief, LA Division

SUBJECT : Mr. Joseph S. Piccolo - Completion of Senior  
Operations Course #2/76

1. Mr. Piccolo attended the Senior Operations Course from 3 November to 12 December 1975 (SOC #2/76). Individual student grades and class rankings have not been used to evaluate student performance. The diverse background of the students and the nature of the course material used in the SOC preclude formal testing. This memorandum attests to Mr. Piccolo's satisfactory completion of the course.

2. During the six weeks of the course, 59% of the time was devoted to subjects and activities directly related to operations, including 30% devoted

The  officers in the class ranged in grade from GS-12 to GS-14 (average grade 12.9), average age was 43.6 (Mr. Piccolo's age is 40). The class members' average years of Agency service was 16.8, and their average years of overseas service was 9.2.

3. The six weeks, normally 30 days of instruction time, was shortened to 28 days by the Thanksgiving Day weekend. Of these 28 days, Mr. Piccolo

This running of the course was keynoted by remarks by the ADDO, and the Headquarters week was climaxed by an hour and a half with the DDO. The guest speaker at the graduation dinner of SOC #2/76 was Agency Historian Dr. Walter Pforzheimer.

E2 IMPDET  
CL. by 056184

SECRET



**SECRET**

**SUBJECT: Mr. Joseph S. Piccolo - Completion of Senior Operations Course #2/76**

4. Mr. Piccolo, as a 40-year-old GS-13/4, was at about the average age for this class and slightly above average in grade. Although formal grades are not given to graduates of the SOC, it was the consensus of DTS staff instructors involved in SOC #2/76 that Mr. Piccolo would almost certainly rank number one in this particular group. Bringing to the class broad operational experience and understanding, Mr. Piccolo was an active participant in

[REDACTED]

One of the Course Coordinators commented that Mr. Piccolo, "exhibited, more than any of the others, the ability to lead the group." Mr. Piccolo's term paper on the subject [REDACTED] was careful and thorough and was described by the panel as "an excellent overall plan." To a man of Mr. Piccolo's experience, at least some of the course may have seemed a little basic or redundant, but he never let it show, and always took part with the same enthusiasm as the more junior members of the class.

5. A copy of this memorandum is being placed in Mr. Piccolo's official personnel file.

**FOR THE DIRECTOR OF TRAINING:**

[REDACTED]

**Course Coordinator  
Senior Operations Course**

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**ADMINISTRATIVE**  
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**REPORT OF SERVICE ABROAD**

**FILE  
PUNCHED  
BY**

**TO:** Office of Personnel, Control Division, Statistical Reporting Branch

| SERIAL NO.    | NAME              |        |        |
|---------------|-------------------|--------|--------|
|               | LAST              | FIRST  | MIDDLE |
| 1-6<br>655939 | (Print)<br>Puccia | Joseph | 5      |

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**PCS DATES OF SERVICE**

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | O/P<br>USE<br>ONLY | COUNTRY | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|--------------------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |                    |         |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 1 - PCS (Basic)<br>2 - CORRECTION<br>3 - CANCELLATION | 37 38 39           |         | 40-42 |
|             |       |       | 08            | 08    | 75    |   | 1                  |         | 576   |

**TDY DATES OF SERVICE**

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | O/P<br>USE<br>ONLY | AREA(S) | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|--------------------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |                    |         |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 1 - TDY (Basic)<br>2 - CORRECTION<br>3 - CANCELLATION | 37 38 39           |         | 40-42 |
|             |       |       |               |       |       |   |                    |         |       |

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

**SOURCE DOCUMENT AND CERTIFICATION**

|                 |   |
|-----------------|---|
| TRAVEL VOUCHER  | DISPATCH                                  |
| CABLE           | DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| OTHER (Specify) |   |

|  |                                    |
|--|------------------------------------|
| DOCUMENT IDENTIFICATION NO.<br>IN 655939 | DOCUMENT DATE/PERIOD<br>11 Aug '75 |
| REMARKS                                  |                                    |

|                     |                     |   |
|---------------------|---------------------|---|
| PREPARED BY         | REPORT SUBMITTED BY | ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITE |
| DCP                 | DATE                | SIGNATURE   |
| IC & DIVISION LTOR. | 8/19/75             |   |
| IC & DIVISION       |                     |   |

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IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER



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| FIELD REASSIGNMENT QUESTIONNAIRE   |  |   |   |
|--|--|---|---|
| DO NOT COMPLETE FOR HEADQUARTERS USE ONLY  |  |   |   |
| NAME OF EMPLOYEE<br><b>Joseph Piccolo</b>  |  | DATE (from item 5-1)<br><b>11 Sep 74</b>                        | NAME OF SUPERVISOR<br>[REDACTED]                                      |
| DATE OF DEPARTURE FROM HEADQUARTERS<br><b>23 September 1974</b>  |  | DATE OF DEPARTURE FROM HEADQUARTERS<br><b>11 Sep 74</b>         | DATE OF DEPARTURE FROM HEADQUARTERS<br><b>11 Sep 74</b>               |
| DESIGNATION<br><b>D</b>  |  | CURRENT POSITION IN FIELD<br><b>Ops Officer/DCOS</b>            | STATION OR BASE<br><b>WH</b>  |
| DATE OF DEPARTURE FROM HEADQUARTERS<br><b>8 Dec 35</b>   |  | CURRENT POSITION IN FIELD<br><b>CS-13</b>                       | CURRENT COVER<br>[REDACTED]   |
| TO BE COMPLETED BY EMPLOYEE  |  |   |   |
| 1A. DATE OF PCS ARRIVAL IN FIELD<br><b>20 Sept 1973</b>  | 1B. REQUESTED DATE OF DEPARTURE<br><b>5 Jan 1976</b> | 1C. EXPECTED DATE OF FIRST CHECK-IN AT HQ<br><b>19 Jan 1976</b> | 1D. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE<br><b>5 March 1976</b> |
| 2. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:<br><b>Three (3) Dependents Ages: 12, 5 and 4</b>  |  |   |   |
| 3. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:<br><b>Adequate medical facilities or a reasonable proximity to them.</b>   |  |   |   |
| 4. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form).<br><b>Deputy Chief of Station, supervising/managing - support/finance and records personnel and activities, [REDACTED] managing operations directed at [REDACTED] and [REDACTED] and handling the [REDACTED]</b>   |  |   |   |
| 5. TRAINING DESIRED<br>INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS<br><b>Training should be keyed to provide an even broader base for the continued development of my overall management skills and potential which have initially developed through on the job application. Courses should be those available to supervisory level personnel. An Operational Training requirement that should be satisfied as soon as possible is the [REDACTED]</b> |  |   |   |



**SECRET**

**6. PREFERENCE FOR NEXT ASSIGNMENT**

6A. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT.

I am interested in remaining in the "managerial cone" and in obtaining a position that will give me increased responsibility as well as career growth through promotion. Based on my experience and performance as Acting Chief of Station [ ] for two months in 1968, Deputy Chief of Base [ ] for the last 10 months of my tour in 1972-73 and present assignment as Deputy Chief of Station [ ] I request assignment to a position which entails supervision of several employees and requires exercise of managerial skills and judgement. If assigned to another tour overseas, a position as Deputy Chief of Station in a medium to large size Station would be preferred. If assigned to Headquarters, I would like to work where an overview of the related operational and managerial activities can be experienced. If the above assignments are not available, a tour which would broaden my operational knowledge would be desired, i.e. SB Division, Ops activity or OTS.

6B. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, 3 OR 4 (for 1st, 2nd, 3rd and 4th choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

☒ EXTEND TOUR 3 MONTHS AT CURRENT STATION TO 5 January 1976  
(DATE)

☐ BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY: INDICATE YOUR CHOICE OF DIVISION, STAFF, OR OFFICE.  
1ST CHOICE PI STAFF 2ND CHOICE SB Division 3RD CHOICE WH Division

☒ BE ASSIGNED TO ANOTHER FIELD STATION. INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION.  
1ST CHOICE WH Division 2ND CHOICE EUR Division 3RD CHOICE SE Division

☐ RETURN TO MY CURRENT STATION.

PREPARE UPDATING OF PERSONAL SECURITY INFORMATION IN ACCORDANCE WITH DOI-F 240-B AND FORWARD UNDER SEPARATE COVER. INDICATE DATE FORWARDED OR TO BE FORWARDED.

**TO BE COMPLETED BY FIELD STATION**

7. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

Given his steady, reliable and productive performance, every effort should be made to accommodate his expressed preferences. There can be no doubt that by temperament and experience he would be of greater value to the Organization in the field rather than at Headquarters, but a tour at Headquarters does appear timely now, following the past 5 years in the field. I do not honestly know how he will perform in Staff work, being a Field Station activist, but the experience should have a further broadening effect upon him.

**TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE**

8. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

Subject has been approved for assignment to Headquarters,  
LA/COG.

DATE 24 Jul 76 BY C/LA/Pers

SIGNATURE

H.L. Berthold

**FOR USE BY CAREER SERVICE**

9. APPROVED ASSIGNMENT:

10. EMPLOYEE NOTIFIED BY DISPATCH NO. \_\_\_\_\_

DATED \_\_\_\_\_

CABLE NO. \_\_\_\_\_

DATED \_\_\_\_\_

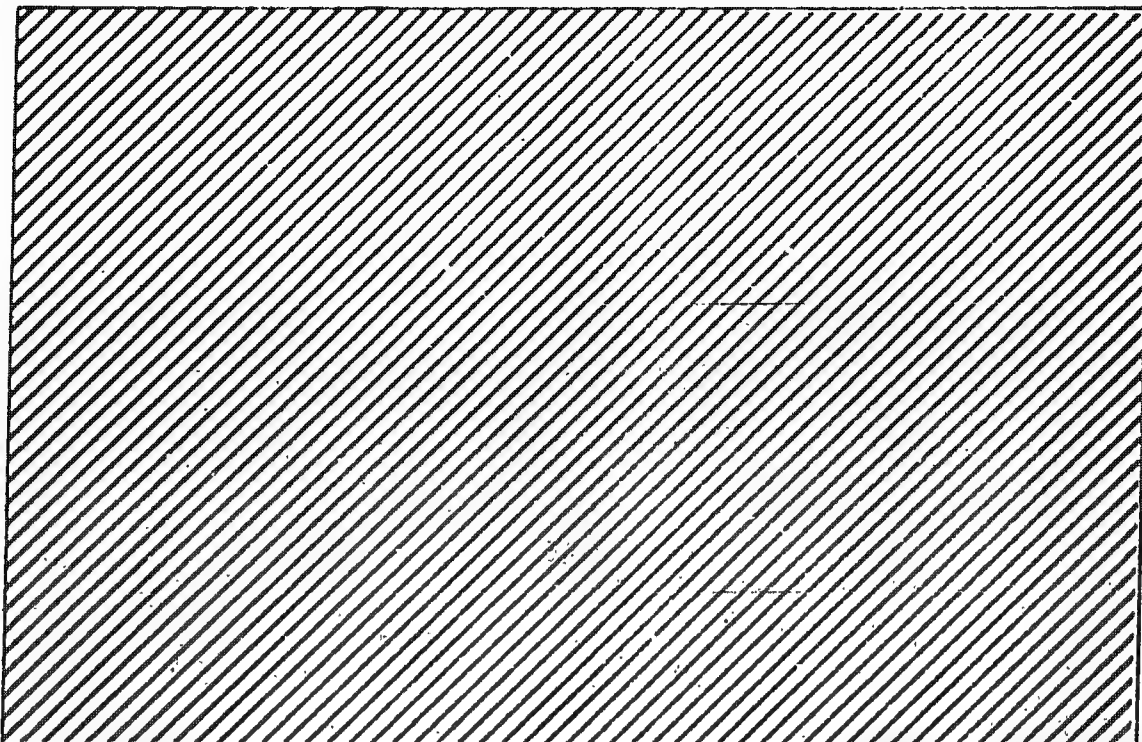
CAREER SERVICE REPRESENTATIVE \_\_\_\_\_

DATE \_\_\_\_\_

**SECRET**



ADMINISTRATIVE - INTERNAL USE ONLY



|  |  |                                |
|--|--|--------------------------------|
| NAME OF EMPLOYEE (Last-First-Middle)<br><b>PICCOLO, Joseph S., JR.</b> | NAME AND RELATIONSHIP OF DEPENDENT<br>W <input type="text"/> | CLAIM NUMBER<br><b>76-0015</b> |
|--|--|--------------------------------|

There is on file in the Personal Affairs Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on 4/21/75.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

|                |   |
|----------------|---|
| DATE OF NOTICE | SIGNATURE OF PNL REPRESENTATIVE<br><i>Edward J. ...</i> |
|----------------|---|

**NOTICE OF OFFICIAL DISABILITY CLAIM FILE**



**SECRET**  
(When Filled In)

### REPORT OF SERVICE ABROAD

**TO:** Office of Personnel, Transactions and Records Branch, Status Section

| SERIAL NO.<br>1-6 | NAME            |               |        |
|-------------------|-----------------|---------------|--------|
|                   | LAST<br>(Print) | FIRST<br>7-24 | MIDDLE |
| 025658            | McClellan       | Thomas        | 8      |

#### INSTRUCTIONS

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#### PCS DATES OF SERVICE

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | CODE | O/P<br>USE<br>ONLY | COUNTRY | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |      |                    |         |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 1 - PCS (Basic)<br>2 - CORRECTION<br>3 - CANCELLATION | 37   | 38                 | 39      | 40-42 |
|             |       |       | 07            | 13    | 73    |   | 1    |                    |         | 090   |

#### TDY DATES OF SERVICE

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | CODE | O/P<br>USE<br>ONLY | AREA(S) | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |      |                    |         |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 2 - TDY (Basic)<br>4 - CORRECTION<br>5 - CANCELLATION | 37   | 38                 | 39      | 40-42 |
|             |       |       |               |       |       |   |      |                    |         |       |

#### OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

#### SOURCE DOCUMENT AND CERTIFICATION

|   |  |
|---|--|
| <input type="checkbox"/> TRAVEL VOUCHER   | <input type="checkbox"/> DISPATCH                                  |
| <input checked="" type="checkbox"/> CABLE | <input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| <input type="checkbox"/> OTHER (Specify)  |  |

|   |                                 |
|---|---------------------------------|
| DOCUMENT IDENTIFICATION NO.<br>RILD 19355 | DOCUMENT DATE/PERIOD<br>7/13/73 |
|---|---------------------------------|

|         |
|---------|
| REMARKS |
|         |

|                      |   |   |
|----------------------|---|---|
| PREPARED BY<br>DEC   | REPORT SUBMITTED ON<br>CONTROL DOCUMENT | ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE<br>DOCUMENT CITED |
| E & L DIVISION (DOB) | DATE<br>4/16/73                         | SIGNATURE<br><i>[Signature]</i>                                   |
| E & V DIVISION       |   |   |

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER



**SECRET**

|  |                       |  |  |
|--|-----------------------|--|--|
| 1. NAME (Last, First, Middle)<br><b>Piccolo, Joseph S.</b>   |                       | 2. DATE OF BIRTH<br><b>12/06/35</b>  | 3. GRADE<br><b>GS-13</b>                           |
| 4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment)<br><b>INDO/WHL</b>                            |                       | 5. PRESENT POSITION<br><b>Ops Officer</b>                                    | 6. EMPLOYEE EXTENSION<br><b>5671</b>               |
| 7. PROPOSED STATION<br><b>[Redacted]</b>   |                       | 8. PROPOSED POSITION (Title, Number, Grade)<br><b>Ops Officer 0506 GS-13</b> |  |
| 9. TYPE OF COVER AT NEW STATION<br><b>[Redacted]</b>   |                       | 10. ESTIMATED DATE OF DEPARTURE<br><b>09/10/73</b>                           | 11. NO. OF DEPENDENTS TO ACCOMPANY<br><b>three</b> |
| 12. COMMENTS<br><br><b>Physicals to be taken in the field.</b>   |                       |  |  |
| 13. DATE OF REQUEST<br><b>18 May 1973</b>  | 14. <b>[Redacted]</b> | 15. ROOM NUMBER AND BUILDING<br><b>3D 3317 Hqs</b>                           | 16. EXTENSION<br><b>5671</b>                       |
| 17. OFFICE OF MEDICAL SERVICES DISPOSITION<br><br><b>Qualified overseas PCS.</b><br><b>25 July 1973</b> <b>[Redacted]</b> <b>OAS/pro</b> |                       |  |  |
| 18. OFFICE OF SECURITY DISPOSITION   |                       |  |  |
| 19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION  |                       |  |  |
| REQUEST FOR PCS OVERSEAS EVALUATION  |                       |  |  |



SECRET

WH 1

## FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

|  |                         |                                   |                      |
|--|-------------------------|-----------------------------------|----------------------|
| NAME OF EMPLOYEE (Use pseudo only if SA) | DATE (from item 5-2)    | NAME OF SUPERVISOR (LINE)         | DATE (from item 5-2) |
| Piccolo, Joseph                          | 9 Nov 1971              |                                   | 9 Nov 1971           |
| DATE RECEIVED AT HEADQUARTERS:           | DISPATCH NUMBER:        | DATE RECEIVED BY CARRIER SERVICE: |                      |
| 18 November 1971                         | HBRT 8679,<br>11 Nov 71 |                                   |                      |

TO BE COMPLETED BY EMPLOYEE

|                                 |                                |   |   |                            |
|---------------------------------|--------------------------------|---|---|----------------------------|
| 1. DATE OF BIRTH                | 2. SERVICE DESIGN              | 3. YOUR CURRENT POSITION, TITLE AND GRADE | 4. STATION ON BASE                            | 5. CRAFT FOR CURRENT COVER |
| 8 Dec 35                        | D                              | Ops Officer/Chief FI<br>GS-12             |   |                            |
| 6. DATE OF PCS ARRIVAL IN FIELD | 8. REQUESTED DATE OF DEPARTURE | 9. EXPECTED DATE OF FIRST CHECK-IN AT HQ  | 10. USHRED DATE TO REPORT TO DUTY AFTER LEAVE |                            |
| 23 June 70                      | 30 June 73                     | 15 July 73                                | 15 September 73                               |                            |

7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:

3 Dependents ages: 29, 3, 2

8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:

None.

9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-P 345-8)

Chief, FI for [redacted] (Coordinating activities of Station and Bases).  
 Ops Officer for [redacted] Operations.  
 Ops Officer for [redacted]  
 Supervisor for [redacted] full time inside and [redacted] full time [redacted]  
 Operations Officer and related FI activities of several Base Officers.

10. TRAINING DESIRED: INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS

Advanced Operations Course.  
 Management Courses in Preparation for assuming positions of increased supervisory responsibility.

SECRET



**SECRET**

**11. PREFERENCE FOR NEXT ASSIGNMENT.**

**11A. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.**

Deputy Chief of Station of a small Station or Senior FI Officer position with supervisory responsibilities at a large Station. These choices for next assignment are made on the basis of the increasing responsibility of positions I have held as my career has developed. This career has included experience in most types of FI and CI operations as well as some CA activities. It has also provided me with supervisory experience, including Acting Chief of Station for a two month period. Assignment to a position of greater responsibility is desirable for the continued development of my career.

**11B. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, & 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.**

☒ 1. EXTEND TOUR 12 MONTHS AT CURRENT STATION TO 30 June 1973  
(DATE)

☒ 3. BE ASSIGNED TO WH FOR A TOUR OF DUTY; INDICATE YOUR CHOICE OF DIVISION, STATE OR OFFICE.  
1ST CHOICE WH 2ND CHOICE OTR 3RD CHOICE EUR

☒ 2. BE ASSIGNED TO ANOTHER FIELD STATION; INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION  
1ST CHOICE WH/Central 2ND CHOICE                      3RD CHOICE                     

☒ 4. RETURN TO MY CURRENT STATION

**TO BE COMPLETED BY FIELD STATION**

**IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:**

**COB Comment:** I recommend that Subject's desire for a 12-month extension be honored. His other choices also appear sound as alternatives.

**COS Comment:** COS strongly recommends that Subject extend for one year. He is handling an extremely important agent, and we would hate to change this relationship now. After one year, however, Subject's career would best be served by a new assignment.

**TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE**

**12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.**

Per HBRS 4729, Subject's request for a one year's extension of tour is approved.

DATE 6 Dec 71 TITLE C/WH/Pers SIGNATURE Henry L. Berthold

**FOR USE BY CAREER SERVICE**

**13. APPROVED ASSIGNMENT:**

**14. EMPLOYEE NOTIFIED BY DISPATCH NO. \_\_\_\_\_ DATED \_\_\_\_\_**

CABLE NO. \_\_\_\_\_ DATED \_\_\_\_\_

**15. EMPLOYEE'S SERVICE REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_**

**SECRET**



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(When Filled In)

Complete in original. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. This form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last) (First) (Middle) SOCIAL SECURITY NUMBER  
Piccolo, Joseph Stephen [Redacted]

1. RESIDENCE DATA  
 PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY Washington, D.C. LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad) N/A  
 PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE Farmington, VA. HOME LEAVE RESIDENCE Farmington, VA.

2. MARITAL STATUS (Check one)  
☐ SINGLE ☒ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED ☐ ANNULLED  
 IF MARRIED, PLACE OF MARRIAGE Falls Church, VA. DATE OF MARRIAGE 14 Feb 67  
 IF DIVORCED, PLACE OF DIVORCE DECREE N/A DATE OF DECREE N/A  
 IF WIDOWED, PLACE SPOUSE DIED N/A DATE SPOUSE DIED N/A  
 IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)  
N/A

3. MEMBERS OF FAMILY  
 NAME OF SPOUSE [Redacted] ADDRESS (No Street City State Zip Code) Farmington, VA. 22030 TELEPHONE NO. 591-9059  
 NAMES OF CHILDREN [Redacted] ADDRESS " " SEX Female DATE OF BIRTH [Redacted]  
 NAME OF YOUR FATHER (Or male guardian) Joseph Piccolo ADDRESS FT. LAUDERDALE, FLA. 33305 TELEPHONE NO. (705) 564-5834  
 NAME OF YOUR MOTHER (Or female guardian) [Redacted] ADDRESS " " TELEPHONE NO. " "

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY?  
Parents and In-Laws

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY  
 NAME (Mr., Mrs., Son, etc.) (Last-First-Middle) [Redacted] RELATIONSHIP Mother  
 HOME ADDRESS (No Street City State Zip Code) FT. LAUDERDALE, FLA. HOME TELEPHONE NUMBER (705) 564-5834  
 BUSINESS ADDRESS (No Street City State Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE N/A BUSINESS TELEPHONE & EXTENSION N/A

IS THE INDIVIDUAL NAMED ABOVE BITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organizer) (Can be believed you were bit.) YES ☒ NO ☐

IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.) YES ☒ NO ☐

DID THIS INDIVIDUAL EVER STATE HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESS? (If answer is "No" explain why in item 5.) YES ☒ NO ☐

The persons named in item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM

CONFIDENTIAL AND OFFICIAL USE ONLY

## CURRENT RESIDENCE AND DEPENDENCY REPORT



**CONFIDENTIAL**

(When Filled In)

|  |                                     |  |
|--|-------------------------------------|--|
| <b>5. VOLUNTARY ENTRIES</b>  |                                     |  |
| <p>Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.</p>  |                                     |  |
| <p>INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.</p> <p><i>POTOMAC Bank and TRUST Co. (checking &amp; Savings)</i><br/> <i>FAIRFAX, VA. 22030</i><br/> <i>Joseph S. Piccolo JR.</i><br/> <div style="border: 1px solid black; width: 150px; height: 15px; margin-top: 5px;"></div></p>   |                                     |  |
| <p>ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>   |                                     |  |
| <p>IF YES, DO YOU HAVE A JOINT ACCOUNT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>  |                                     |  |
| <p>HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" where is document located?)<br/> <i>Safes Deposit Box, Potomac Bank &amp; Trust Co. Fairfax, VA.</i></p>   |                                     |  |
| <p>HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?<br/> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes" give name(s) and address)</p>   |                                     |  |
| <p>HAVE YOU EXECUTED A POWER OF ATTORNEY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes", who possess the power of attorney?)<br/> <i>Wife</i></p>   |                                     |  |
| <b>6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS</b>   |                                     |  |
| <p><i>Re: Item #4 - Contact For Emergency should follow the below order</i></p> <p><i>A. Wife (Item 3)</i></p> <p><i>B. Mother (Item 4)</i></p> <p><i>C. In-Laws</i></p> <p><i>MR. <div style="border: 1px solid black; width: 150px; height: 15px; display: inline-block;"></div></i><br/> <div style="border: 1px solid black; width: 150px; height: 15px; display: inline-block; margin-top: 5px;"></div><br/> <i>MANASSAS, VA. 22110</i><br/> <i>Tel. (703) 368-9761</i></p> |                                     |  |
| <p>SIGNED BY</p> <p><i>Wash D.C.</i></p>   | <p>DATE</p> <p><i>20 May 70</i></p> | <p>SIGNATURE</p> <p><i>Joseph S. Piccolo JR.</i></p> |

**CONFIDENTIAL**



**SECRET**  
(When Filled In)

|  |           |           |   |       |       |  |  |  |              |  |            |    |
|--|-----------|-----------|---|-------|-------|--|--|--|--------------|--|------------|----|
| <b>REPORT OF SERVICE ABROAD</b>  |           |           |   |       |       |  |  |  |              | <b>FILE</b><br><b>PUNCHED</b><br>BY <i>S</i> |            |    |
| <b>TO:</b> Office of Personnel, Transactions and Records Branch, Status Section  |           |           |   |       |       |  |  |  |              |  |            |    |
| SERIAL NO.   |           |           | NAME                                      |       |       |  |  |  |              |  |            |    |
|  |           |           | LAST                                      |       |       | FIRST  |  |  | MIDDLE       |  |            |    |
| 1-8<br><i>025658</i>   |           |           | 7-26<br><i>(Print) Piccolo, Joseph S.</i> |       |       |  |  |  |              |  |            |    |
| INSTRUCTIONS   |           |           |   |       |       |  |  |  |              |  |            |    |
| USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 55, REVISED. |           |           |   |       |       |  |  |  |              |  |            |    |
| <b>PCS DATES OF SERVICE</b>  |           |           |   |       |       |  |  |  |              |  |            |    |
| ARRIVAL O/S  |           |           | DEPARTURE O/S                             |       |       | TYPE OF DATA   |  |  | O/P USE ONLY |  | COUNTRY    |    |
| MONTH  | DAY       | YEAR      | MONTH                                     | DAY   | YEAR  | 1 - PCS (Basic)<br>3 - CORRECTION<br>8 - CANCELLATION          |  |  | CODE         | 37 38 39<br>40-42                            |            |    |
| 25-26  | 27-28     | 29-30     | 31-32                                     | 33-34 | 35-36 |  |  |  | 37           |  |            | 38 |
| <i>06</i>  | <i>23</i> | <i>70</i> |   |       |       |  |  |  | <i>1</i>     |  | <i>090</i> |    |
| <b>TDY DATES OF SERVICE</b>  |           |           |   |       |       |  |  |  |              |  |            |    |
| ARRIVAL O/S  |           |           | DEPARTURE O/S                             |       |       | TYPE OF DATA   |  |  | O/P USE ONLY |  | AREA(S)    |    |
| MONTH  | DAY       | YEAR      | MONTH                                     | DAY   | YEAR  | 2 - TDY (Basic)<br>4 - CORRECTION<br>6 - CANCELLATION          |  |  | CODE         | 37 38 39<br>40-42                            |            |    |
| 25-26  | 27-28     | 29-30     | 31-32                                     | 33-34 | 35-36 |  |  |  | 37           |  |            | 38 |
|  |           |           |   |       |       |  |  |  |              |  |            |    |
| <b>OFFICE OF PERSONNEL USE ONLY - PUNCH AREA</b>   |           |           |   |       |       |  |  |  |              |  |            |    |
| <b>SOURCE DOCUMENT AND CERTIFICATION</b>   |           |           |   |       |       |  |  |  |              |  |            |    |
| TRAVEL VOUCHER   |           |           |   |       |       | DISPATCH   |  |  |              |  |            |    |
| <i>N</i> CABLE   |           |           |   |       |       | DUTY STATUS OR TIME AND ATTENDANCE REPORT                      |  |  |              |  |            |    |
| OTHER (Specify)  |           |           |   |       |       |  |  |  |              |  |            |    |
| DOCUMENT IDENTIFICATION NO.<br><i>2420032</i>  |           |           |   |       |       | DOCUMENT DATE/PERIOD<br><i>24, June 70</i>                     |  |  |              |  |            |    |
| REMARKS  |           |           |   |       |       |  |  |  |              |  |            |    |
|  |           |           |   |       |       |  |  |  |              |  |            |    |
| PREPARED BY  |           |           | REPORT SUBMITTED ON FOOTNOTED DOCUMENT    |       |       | ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED |  |  |              |  |            |    |
| SEC  |           |           | DATE                                      |       |       | SIGNATURE  |  |  |              |  |            |    |
| 1 - DIVISION STAFF   |           |           | <i>5 10</i>                               |       |       | <i>[Signature]</i>   |  |  |              |  |            |    |
| 1 - DIVISION   |           |           |   |       |       |  |  |  |              |  |            |    |
| THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL<br>IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER  |           |           |   |       |       |  |  |  |              |  |            |    |

FORM 1451a (Rev. 1-65)

**SECRET**

(10-10)



**SECRET**  
(When Filled In)

### REPORT OF SERVICE ABROAD

**TO:** Office of Personnel, Transactions and Records Branch, Status Section

| SERIAL NO.    | NAME               |                |        |
|---------------|--------------------|----------------|--------|
|               | LAST               | FIRST          | MIDDLE |
| 1-6<br>025658 | (Print)<br>Piccolo | 7-26<br>Joseph | 5      |

#### INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 38, REVISED.

#### PCS DATES OF SERVICE

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | O/P<br>USE<br>ONLY | COUNTRY       |
|-------------|-------|-------|---------------|-------|-------|---|--------------------|---------------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |                    |               |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 1 - PCS (Basic)<br>3 - CORRECTION<br>5 - CANCELLATION | 37 38 39           | CODE<br>40-42 |
|             |       |       | 01            | 14    | 69    | 1   |                    | 525           |

#### TDY DATES OF SERVICE

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | O/P<br>USE<br>ONLY | AREA(S)       |
|-------------|-------|-------|---------------|-------|-------|---|--------------------|---------------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |                    |               |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 2 - TDY (Basic)<br>4 - CORRECTION<br>6 - CANCELLATION | 37 38 39           | CODE<br>40-42 |
|             |       |       |               |       |       |   |                    |               |

#### OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

#### SOURCE DOCUMENT AND CERTIFICATION

|                 |   |
|-----------------|---|
| TRAVEL VOUCHER  | DISPATCH                                  |
| CABLE           | DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| OTHER (Specify) |   |

|   |  |
|---|--|
| DOCUMENT IDENTIFICATION NO.<br>EN 65783 | DOCUMENT DATE/PERIOD<br>6 January 1969 |
|---|--|

|         |
|---------|
| REMARKS |
|---------|

|                       |  |   |
|-----------------------|--|---|
| PREPARED BY<br>GEO    | REPORT APPROVED ON<br>CONTROL DOCUMENT | ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE<br>DOCUMENT CITED |
| C & L DIVISION, CTOS. | DATE<br>11/13/68                       | SIGNATURE   |
| C & L DIVISION        |  |   |

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER



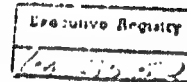


TREASURY DEPARTMENT  
UNITED STATES SECRET SERVICE

OFFICE OF THE DIRECTOR

WASHINGTON, D.C. 20226

August 1, 1968



100-8-3206

The Honorable  
Richard M. Holms  
Director  
Central Intelligence Agency  
McLean, Virginia

Dear Dick:

As you know, the President and Mrs. Johnson visited [redacted] on Monday, [redacted] 1968, upon their return from the [redacted] Conference.

Assistant to the Special Agent in Charge  
Ronald M. Pontius of the Presidential Protective Division, has informed me that Mr. Joseph Piccolo and Mr. [redacted] were of particular assistance in establishing and coordinating the relations with the [redacted] and President [redacted] staff. Mrs. [redacted] assistance as an interpreter was also greatly appreciated.

Personally and on behalf of the United States Secret Service, I wish to extend my sincere appreciation and thanks to the above mentioned personnel for the capable and professional manner in which they performed their duties.

Sincerely,

James J. Rowley



SECRET

**ELECTION, DECLINATION, OR WAIVER  
OF LIFE INSURANCE COVERAGE**  
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT  
AGENCY INSTRUCTIONS  
ON BACK OF ORIGINAL**

**TO COMPLETE THIS FORM—**

**1**

**FOLLOW THESE GENERAL INSTRUCTIONS:**

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

**2**

**FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):**

NAME (last) (first) (middle) DATE OF BIRTH (month, day, year) SOCIAL SECURITY NUMBER  
*Piccolo Joseph S.* *025638* *Dec 8, 35*  
EMPLOYING DEPARTMENT OR AGENCY LOCATION (City, State, ZIP Code)

**3**

**MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):**

Mark here  
if you  
**WANT BOTH**  
optional and  
regular  
insurance

☐  
(A)

**ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE**

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here  
if you  
**DO NOT WANT**  
OPTIONAL but  
do want  
regular  
insurance

☒  
(B)

**DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE**

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here  
if you  
**WANT NEITHER**  
regular nor  
optional  
insurance

☐  
(C)

**WAIVER OF LIFE INSURANCE COVERAGE**

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

**4**

**SIGN AND DATE. IF YOU MARKED BOX "A" OR "C",  
COMPLETE THE "STATISTICAL STUB." THEN RETURN  
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)

DATE

*Joseph S. Piccolo*  
*15 Mar 68*

**FOR EMPLOYING OFFICE USE ONLY**

(official receiving date stamp)

OFFICIAL PERSONNEL  
RECEIVED

MAR 20 1 19 PM '68

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

SECRET

STANDARD FORM NO. 170-7  
REVISED 1962  
GSA GEN. REG. NO. 27  
170-101



## INSTRUCTIONS TO EMPLOYING AGENCY

1. **Who must file.**—All employees not excluded by law or regulation from insurance coverage, including those who have previously waived coverage, are required to complete and file Standard Form 176-T. Employees who are in the service on February 14, 1968, as well as those who are appointed after that date but before April 14, 1968, must file the form.
2. **Automatic cancellation of previously filed waivers.**—All "Waivers of Life Insurance Coverage" (SF 53) on file are automatically canceled as of the first day of the first pay period beginning on or after February 14, 1968. Payroll offices are to begin regular insurance deductions on the automatic cancellation date for employees who do not file a new waiver, i.e., those who do not check box C of SF 176-T, on or before that date.
3. **Employees failing to file.**—If an employee does not return a completed SF 176-T, contact him and urge him to do so even if he does not want optional insurance (he will, of course, be automatically covered for regular insurance). If he still fails to file SF 176-T by April 14, 1968, or 31 days after appointment, whichever is later, file one for him as of that date: mark box B, and note in the space provided for his signature "employee contacted—failed to elect optional insurance." See note 2 below.
4. **Review of completed forms.**—(a) Review both copies of the SF 176-T for legibility, completeness, and consistency. Reconcile with the employee any obvious major discrepancy such as a mark in more than one box.  
(b) If the employee marked box A or box C, make sure the Statistical Study is complete. Then detach and mail stubs, in a bundle, weekly to:  
Office of Federal Employees' Group Life Insurance  
(Statistical Study)  
4 East 24th Street  
New York, New York 10010  
(c) If the employee marked box B, detach and destroy the stub.
5. **Date of receipt and effective date.**—(a) Stamp date of receipt by employing office in the space provided for this purpose on both the Original and the Duplicate.  
(b) The effective date is determined from the table below.
6. **Disposition of forms.**—(a) File the Original SF 176-T in the official personnel folder in all cases.  
(b) Any necessary payroll change, with effective date, may be posted in the space reserved on the Duplicate for employing office.  
(c) The Duplicate may be destroyed, if no payroll action is required, or after the requirements of the agency's payroll system have been met.
7. **Use of SF 176-T.**—SF 176-T "Election, Declination, or Waiver of Life Insurance Coverage" should not be used after the initial filing period (after April 14, 1968). A revised edition will be available for use after that date.

**TABLE OF EFFECTIVE DATES**

| DATE SF 176-T<br>RECEIVED BY<br>EMPLOYING OFFICE     | EMPLOYEE'S DECISION   | EFFECTIVE DATE<br>(IF NO WAIVER SF 53, IN EFFECT)   |  |
|--|---|---|--|
|  |   | OF DECISION   | OF DEDUCTIONS  |
| On or before February 14, 1968.                      | Elects optional (in addition to regular) (box A).             | Coverage effective February 14, 1968  | Deductions begin 1st day of 1st pay period beginning on or after February 14, 1968 |
|  | Declines optional (but not regular) (box B).                  | Declination effective February 14, 1968.  |  |
|  | Waives regular (so ineligible for optional) (box C).          | Waiver effective last day of pay period in which February 14, 1968 falls.                                       | Deductions stop last day of pay period in which February 14, 1968 falls.           |
| After February 14 but not later than April 14, 1968. | Elects optional (in addition to regular) (box A).             | Coverage effective on date of receipt   | Deductions begin 1st day of 1st pay period beginning on or after date of receipt   |
|  | Declines optional (but not regular) (box B).                  | Declination effective on date of receipt, but employee loses automatic optional protection on February 14, 1968 |  |
|  | Cancels previously elected optional (but not regular) (box B) | Cancellation effective last day of pay period in which received   | Deductions for optional stop last day of pay period in which received              |
|  | Waives regular (so ineligible for optional) (box C)           | Waiver effective last day of pay period in which received   | Deductions stop last day of pay period in which received                           |

- NOTES**
- 1 Deduction regular insurance coverage and deductions are automatic unless waived (by checking box C). A and B employees do not elect regular insurance effective dates.
  - 2 An employee for whom the agency files SF 176-T because he failed to file is deemed to have declined optional but not regular insurance.
  - 3 An employee with an unexpired waiver (SF 53) on file cannot be insured any earlier than the first day he is in duty and can start in a pay period beginning on or after February 14, 1968. Filing of an SF 176-T before that date will not cancel an SF 53 any earlier. Deductions begin on the day he becomes insured.
  - 4 The effective date of regular (and optional) insurance coverage for an employee who has been on leave without pay for more than 1 year is the first day he is in pay and duty status. Deductions are effective the same day.



**SECRET**  
(When Filled In)

### REPORT OF SERVICE ABROAD

**TO:** Office of Personnel, Transactions and Records Branch, Status Section

| SERIAL NO.    | NAME               |                |        |
|---------------|--------------------|----------------|--------|
|               | LAST               | FIRST          | MIDDLE |
| 1-6<br>025658 | (Print)<br>Piccolo | 7-24<br>Joseph | 5.     |

#### INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 98, REVISED.

#### PCS DATES OF SERVICE

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | CODE | O/P USE ONLY | COUNTRY | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |      |              |         |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 1 - PCS (Basic)<br>2 - CORRECTION<br>3 - CANCELLATION | 37   | 38 39        |         | 40-42 |
|             |       |       | 01            | 20    | 68    |   | 1    |              | MEXICO  | 450   |

#### TDY DATES OF SERVICE

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | CODE | O/P USE ONLY | AREA(S) | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |      |              |         |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 2 - TDY (Basic)<br>4 - CORRECTION<br>5 - CANCELLATION | 37   | 38 39        |         | 40-42 |
|             |       |       |               |       |       |   |      |              |         |       |

#### OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

#### SOURCE DOCUMENT AND CERTIFICATION

|   |  |
|---|--|
| <input type="checkbox"/> TRAVEL VOUCHER   | <input type="checkbox"/> DISPATCH                                  |
| <input checked="" type="checkbox"/> CABLE | <input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| <input type="checkbox"/> OTHER (Specify)  |  |

|                                      |                                  |
|--------------------------------------|----------------------------------|
| DOCUMENT IDENTIFICATION NO.<br>35014 | DOCUMENT DATE/PERIOD<br>01/22/68 |
| REMARKS                              |                                  |

|                            |                                    |  |
|----------------------------|------------------------------------|--|
| PREPARED BY<br>[Signature] | REPORT SUBMITTED ON<br>[Signature] | ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED |
| DATE<br>1-24-68            | SIGNATURE<br>[Signature]           |  |

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER



SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

|   |  |  |  |
|---|--|--|--|
| DO NOT COMPLETE   |  | FOR HEADQUARTERS USE ONLY                              |  |
| NAME OF EMPLOYEE (use pseudo only if SA)<br><b>Joseph Piccolo</b> | DATE (from item 5-D)<br><b>16 March 1967</b> | NAME OF SUPERVISOR (Name)<br>[Redacted]                | DATE (from item 5-D)<br><b>16 March 1967</b> |
| DATE RECEIVED AT HEADQUARTERS:                                    | DISPATCH NUMBER:<br><b>HMGT 7713</b>         | DATE RECEIVED BY CAREER SERVICE:<br><b>11 MAY 1967</b> |  |

TO BE COMPLETED BY EMPLOYEE

|  |   |   |  |  |
|--|---|---|--|--|
| 1. DATE OF BIRTH<br><b>8 Dec 35</b>                    | 2. SERVICE DESIGN<br><b>D</b>                       | 3. YOUR CURRENT POSITION, TITLE AND GRADE<br><b>PERUMEN Section/<br/>Operations Officer GS-11</b> | 4. STATION OR BASE<br><b>Mexico City</b>                               | 5. CRYPT FOR CURRENT COVER<br>[Redacted] |
| 6A. DATE OF PCS ARRIVAL IN FIELD<br><b>29 Sept. 65</b> | 6B. REQUESTED DATE OF DEPARTURE<br><b>31 Jan 68</b> | 6C. EXPECTED DATE OF FIRST CHECK-IN AT HQ<br><b>8 Feb 68</b>                                      | 6D. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE<br><b>15 April 1968</b> |  |

7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:

One, age 24

8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:

Due to continued health problems, (a high splenic flecture of the colon) a post at an altitude lower than Mexico City would be desirable. Although this illness has not impaired my ability to perform my work, it has put a strain on me and it is disconcerting not to feel completely up to par for extended periods of time.

9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-P. 240-8)

Operations officer in the PERUMEN section responsible for a [Redacted] center, [Redacted] PERUMEN, [Redacted] and other [Redacted] PERUMEN, a [Redacted] and a small [Redacted] operation.

10. TRAINING DESIRED: INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS

1. [Redacted]
2. [Redacted]
3. [Redacted]



**SECRET**

**11. PREFERENCE FOR NEXT ASSIGNMENT.** Operations Officer Western Hemisphere Division  
 11A. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

To date, I have worked in operational activities of primarily CI and FI orientation with a greater emphasis on the former. In order to round out my early career stage as an operations officer, an assignment with more CA orientation would be beneficial.

If available, my grade not withstanding, an assignment as supervisor of a section or as Chief of Base would be desirable in preparation for the eventual assumption of duties with higher responsibility in the future.

**11B. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, & 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.**

☒ EXTEND TOUR Three MONTHS AT CURRENT STATION TO 31 January 1968.  
 (DATE)

☐ BE ASSIGNED TO HQ/RS FOR A TOUR OF DUTY; INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.  
 1ST CHOICE WHH 2ND CHOICE WED 3RD CHOICE TRAINING

☐ BE ASSIGNED TO ANOTHER FIELD STATION; INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION  
 1ST CHOICE                      2ND CHOICE                      3RD CHOICE                     

☐ RETURN TO MY CURRENT STATION

**TO BE COMPLETED BY FIELD STATION**

**12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:**

It is recommended, primarily because of problems of health (at the high altitude in this post) that this officer be allowed one of the choices he has listed under 11 B. The departure of this officer will mean a loss to the operational capacity of his Section; and it is with regret that Chief of Station, Mexico City concurs with his request for re-assignment.

**TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE**

**13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.**

WH Division proposes that Mr. Piccolo be extended to December 1967. He will then be assigned to                      under                      replacing                     

DATE 10 May 67 TITLE C/WH/Pers SIGNATURE                     

*Robert D. Cashman*  
 Robert D. Cashman

**FOR USE BY CAREER SERVICE**

**14. APPROVED ASSIGNMENT:**

7th Tour =                                          

**15. EMPLOYEE NOTIFIED BY DISPATCH NO.                      DATED:**

CABLE NO.                      DATED:                     

CAREER SERVICE REPRESENTATIVE: Robert M. White DATE:                     

**SECRET**



| Standard Form No. 2809<br>U.S. Civil<br>Service Commission<br>FPM Supplement 850-1<br>November 1965   |     | <b>HEALTH BENEFITS REGISTRATION FORM</b><br>FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM<br><small>(See instructions on back of this page. The form is to be filled out by the employee.)</small>  |                         | New Carrier's Control No.<br><b>9535981</b><br>Old Carrier's Control No.<br>0-0-1   |                                  |                         |     |                                  |                         |    |                                  |                 |  |  |  |  |  |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |
|---|-----|---|-------------------------|---|----------------------------------|-------------------------|-----|----------------------------------|-------------------------|----|----------------------------------|-----------------|--|--|--|--|--|--|--|---|--|--|---|--|--|---|--|--|---|--|--|---|--|--|---|--|--|---|--|--|---|--|--|---|--|--|----|
| TO EMPLOYING OFFICE: SHOW OLD CARRIER'S CONTROL NUMBER WHEN IF ELECTION IS TO CANCEL ENROLLMENT OR TO CHANGE OPTIONS OR TYPE OF ENROLLMENT IN THE SAME PLAN.  |     |   |                         |   |                                  |                         |     |                                  |                         |    |                                  |                 |  |  |  |  |  |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |
| <b>PART A</b><br><br>ALL WHO REGISTER MUST FILL IN THIS PART.   |     | 1. NAME (LAST) (FIRST) (MIDDLE INITIAL)<br>Piccolo Joseph S   |                         | 2. DATE OF BIRTH (Use numbers)<br><table border="1" style="width: 100%; text-align: center;"> <tr> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td>12</td> <td>8</td> <td>35</td> </tr> </table> |                                  | MONTH                   | DAY | YEAR                             | 12                      | 8  | 35                               |                 |  |  |  |  |  |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |
| MONTH   | DAY | YEAR  |                         |   |                                  |                         |     |                                  |                         |    |                                  |                 |  |  |  |  |  |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |
| 12  | 8   | 35  |                         |   |                                  |                         |     |                                  |                         |    |                                  |                 |  |  |  |  |  |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |
|   |     | 4. YOUR MAILING ADDRESS (NUMBER AND STREET) (CITY) (STATE) (ZIP CODE)<br>_____  |                         | 3. ARE YOU NOW MARRIED?<br>YES <input checked="" type="checkbox"/> 1<br>NO <input type="checkbox"/> 2<br><br>5. SEX: MALE <input checked="" type="checkbox"/> 1<br>FEMALE <input type="checkbox"/> 2      |                                  |                         |     |                                  |                         |    |                                  |                 |  |  |  |  |  |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |
| <b>IMPORTANT</b><br>IT IS ILLEGAL FOR AN EMPLOYEE OR A MEMBER OF HIS FAMILY TO BE COVERED UNDER MORE THAN ONE ENROLLMENT. IF YOU ARE ALREADY COVERED THROUGH THE FAMILY ENROLLMENT OF ANOTHER FEDERAL OR DISTRICT OF COLUMBIA EMPLOYEE OR AN EMPLOYEE MUST BELIEVE NOT TO ENROLL OR THE OTHER ENROLLMENT MUST BE CANCELED OR CHANGED TO SELF ONLY. SIMILARLY, IF A FAMILY MEMBER LISTED IN PART B IS COVERED THROUGH HIS (OR HER) OWN ENROLLMENT, YOU CANNOT ELIGIBLE A FAMILY ENROLLMENT UNLESS THE FAMILY MEMBER CANCELS HIS (OR HER) ENROLLMENT. |     |   |                         |   |                                  |                         |     |                                  |                         |    |                                  |                 |  |  |  |  |  |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |
| <b>PART B</b><br><br>FILL IN THIS PART IF YOU WISH TO ENROLL OR CHANGE YOUR ENROLLMENT IN A HEALTH BENEFITS PLAN.   |     | 1. I elect to enroll in a health benefits plan as shown below. I authorize deductions from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from back page of brochure of the plan you select.)   |                         |   |                                  |                         |     |                                  |                         |    |                                  |                 |  |  |  |  |  |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |
|   |     | NAME OF PLAN<br>Federal Employees Health Benefits Plan  |                         | OPTION (HIGH OR LOW)<br>Low   |                                  |                         |     |                                  |                         |    |                                  |                 |  |  |  |  |  |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |
|   |     |   |                         | ENROLLMENT CODE NUMBER<br>4 2 2   |                                  |                         |     |                                  |                         |    |                                  |                 |  |  |  |  |  |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |
| If enrollment is for self only, answer item 1. If enrollment is for self and family, also answer item 2.  |     | 2. In space below list all eligible family members without exception: list your wife or husband first, then your unmarried children under age 21, including (a) legally adopted children and (b) stepchildren, foster children, and step-grandchildren who live with you in a regular parent-child relationship. Include also any unmarried child over 21 who became disabled before age 21 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 21 or over if one is not already on file.) DO NOT LIST PARENTS OR OTHERS WHO ARE NOT ELIGIBLE FAMILY MEMBERS. THEY WILL NOT RECEIVE BENEFITS, EVEN IF THEY ARE DEPENDENT ON YOU AND ARE LISTED.   |                         |   |                                  |                         |     |                                  |                         |    |                                  |                 |  |  |  |  |  |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |
|   |     | <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th colspan="2">NAMES OF FAMILY MEMBERS</th> <th>DATE OF BIRTH (Month, Day, Year)</th> <th colspan="2">NAMES OF FAMILY MEMBERS</th> <th>DATE OF BIRTH (Month, Day, Year)</th> </tr> </thead> <tbody> <tr> <td colspan="2">Wife or Husband</td> <td></td> <td colspan="2"></td> <td></td> </tr> <tr> <td colspan="2"></td> <td>1</td> <td colspan="2"></td> <td>6</td> </tr> <tr> <td colspan="2"></td> <td>2</td> <td colspan="2"></td> <td>7</td> </tr> <tr> <td colspan="2"></td> <td>3</td> <td colspan="2"></td> <td>8</td> </tr> <tr> <td colspan="2"></td> <td>4</td> <td colspan="2"></td> <td>9</td> </tr> <tr> <td colspan="2"></td> <td>5</td> <td colspan="2"></td> <td>10</td> </tr> </tbody> </table> |                         |   |                                  | NAMES OF FAMILY MEMBERS |     | DATE OF BIRTH (Month, Day, Year) | NAMES OF FAMILY MEMBERS |    | DATE OF BIRTH (Month, Day, Year) | Wife or Husband |  |  |  |  |  |  |  | 1 |  |  | 6 |  |  | 2 |  |  | 7 |  |  | 3 |  |  | 8 |  |  | 4 |  |  | 9 |  |  | 5 |  |  | 10 |
| NAMES OF FAMILY MEMBERS   |     | DATE OF BIRTH (Month, Day, Year)  | NAMES OF FAMILY MEMBERS |   | DATE OF BIRTH (Month, Day, Year) |                         |     |                                  |                         |    |                                  |                 |  |  |  |  |  |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |
| Wife or Husband   |     |   |                         |   |                                  |                         |     |                                  |                         |    |                                  |                 |  |  |  |  |  |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |
|   |     | 1   |                         |   | 6                                |                         |     |                                  |                         |    |                                  |                 |  |  |  |  |  |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |
|   |     | 2   |                         |   | 7                                |                         |     |                                  |                         |    |                                  |                 |  |  |  |  |  |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |
|   |     | 3   |                         |   | 8                                |                         |     |                                  |                         |    |                                  |                 |  |  |  |  |  |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |
|   |     | 4   |                         |   | 9                                |                         |     |                                  |                         |    |                                  |                 |  |  |  |  |  |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |
|   |     | 5   |                         |   | 10                               |                         |     |                                  |                         |    |                                  |                 |  |  |  |  |  |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |
| <b>PART C</b><br><br>FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.  |     | PLACE AN "X" IN ITEM 1 OR 2, WHICHEVER APPLIES:<br>1. I elect NOT TO ENROLL IN A PLAN UNDER THE FEDERAL EMPLOYEES HEALTH BENEFITS ACT. <input type="checkbox"/>   |                         |   |                                  |                         |     |                                  |                         |    |                                  |                 |  |  |  |  |  |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |
|   |     | 2. I elect TO CANCEL MY PRESENT ENROLLMENT UNDER THE CODE NUMBER SHOWN BELOW.<br>Present Enrollment Code Number: _____  |                         |   |                                  |                         |     |                                  |                         |    |                                  |                 |  |  |  |  |  |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |
| <b>PART D</b><br><br>FILL IN THIS PART, AS WELL AS PART B, TO CHANGE YOUR ENROLLMENT.   |     | ANSWER ITEMS 1, 2 AND 3 TO SHOW ENROLLMENT CODE BEING CHANGED AND ELIGIBILITY FOR CHANGE.<br>1. ENROLLMENT CODE NUMBER OF PRESENT PLAN: 4 2 1<br>2. NUMBER OF EVENT WHICH PERMITS CHANGE (See table on back of duplicate for proper number): 2<br>3. DATE OF EVENT WHICH PERMITS CHANGE:<br><table border="1" style="width: 100%; text-align: center;"> <tr> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td>2</td> <td>14</td> <td>67</td> </tr> </table>   |                         |   |                                  | MONTH                   | DAY | YEAR                             | 2                       | 14 | 67                               |                 |  |  |  |  |  |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |
| MONTH   | DAY | YEAR  |                         |   |                                  |                         |     |                                  |                         |    |                                  |                 |  |  |  |  |  |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |
| 2   | 14  | 67  |                         |   |                                  |                         |     |                                  |                         |    |                                  |                 |  |  |  |  |  |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |
| <b>PART E</b><br><br>ALL WHO REGISTER MUST FILL IN THIS PART.   |     | WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)  |                         |   |                                  |                         |     |                                  |                         |    |                                  |                 |  |  |  |  |  |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |
|   |     | (YOUR SIGNATURE—DO NOT PRINT) _____ (DATE) _____  |                         |   |                                  |                         |     |                                  |                         |    |                                  |                 |  |  |  |  |  |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |
| <b>PART F</b><br><br>TO BE COMPLETED BY AGENCY.   |     | 1. NAME AND ADDRESS OF EMPLOYING OFFICE<br>_____<br>SPECIAL AGENT IN CHARGE (ALTERNATE)<br>_____<br>(SIGNATURE OF AUTHORIZED AGENCY OFFICIAL)   |                         |   |                                  |                         |     |                                  |                         |    |                                  |                 |  |  |  |  |  |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |
|   |     | 2. DATE RECEIVED BY EMPLOYING OFFICE<br>1-17-67   |                         | 3. EFFECTIVE DATE OF ELECTION<br>1-15-67  |                                  |                         |     |                                  |                         |    |                                  |                 |  |  |  |  |  |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |
|   |     | 4. PAYROLL OFFICE NO.<br>_____  |                         | 5. SF 2811 REPORT NO.<br>_____  |                                  |                         |     |                                  |                         |    |                                  |                 |  |  |  |  |  |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |
| REMARKS FOR USE ONLY BY AGENCY<br>1. H  |     |   |                         |   |                                  |                         |     |                                  |                         |    |                                  |                 |  |  |  |  |  |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |    |



**SECRET**

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Supplement to Staff Employee Personnel

Mr. Joseph Piccolo

Effective August 27, 1965

The purpose of this memorandum is to call your attention to existing policies which are particularly material to you while you are [redacted] and to set forth certain rights and obligations which are incident to your status [redacted] employee. It is hereby agreed and understood that:

1. As an employee of this organization, at the present grade and salary of GS-10 & \$8,170<sup>1110</sup> per annum, you will accept [redacted] employment [redacted]

You will, insofar as consistent with your basic responsibility to this organization, abide by all the rules, regulations, practices and policies [redacted]

You are prohibited, except as specifically authorized herein, [redacted]

2. It is understood and agreed that the minimum period of your [redacted] tour of duty is governed by and coincident with the prescribed [redacted]. Currently, your prescribed tour consists of a period of Two Years from the date of your arrival [redacted]. Your assignment may be terminated earlier for the convenience of this organization and the length of your tour of duty, as currently specified, may be unilaterally changed by this organization in order to conform with subsequent changes in the prescribed tour [redacted]. If you request termination of your [redacted] assignment solely for your own convenience, unless it is for circumstances that are considered by this organization to be beyond your control or if you are terminated for cause under the regulations of this organization before you have completed the minimum period of service prescribed above from the date of arrival at your [redacted] post of duty, you will not be entitled to return travel or transportation for yourself or your dependents [redacted]. If you request termination of your [redacted] assignment solely for your own convenience, unless it is for circumstances that are considered by this organization to be beyond your control or if you are terminated for cause under the regulations of this organization before you have completed one (1) year of service from the date of your arrival at your [redacted] post of duty, you will be required to reimburse the Government for all of its expenses for your travel and transportation, and that of your dependents, from the continental United States to such overseas post of duty.

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## SECRET

3. Travel to your post of duty [redacted]  
[redacted] as well as travel performed [redacted]  
[redacted] will normally be at the direction of  
your [redacted]. Such travel will be accomplished in conformance  
with applicable regulations [redacted]  
[redacted]

4. Salary and (except as provided in paragraph three (3) above)  
allowances paid [redacted]  
[redacted]  
payments due on the basis of your grade level with this organization.  
If such [redacted]. If [redacted]  
payments exceed the amount due, the overage will be remitted [redacted]  
[redacted] presently [redacted].  
Computations hereunder will be made on the basis of the aggregate gross  
due and received provided, however, that in computing remittances for  
overage Federal and, if applicable, District of Columbia income taxes  
withheld [redacted]. To  
assure timely accuracy in your payroll account with this organization you  
are expected to immediately report [redacted] changes.

5. Your status as an employee of this organization will continue  
in full force and effect during your period of duty [redacted]  
and you will continue to be entitled to all rights, benefits and emoluments  
of such status. Certain variations in procedure will be required, [redacted]  
[redacted]

a. [redacted] you will continue  
to be covered by the provisions of the Civil Service Retirement Act,  
as amended, and at your personal expense you will be subject to pay-  
roll deductions for retirement purposes (now six and one-half per cent)  
on the basis of your cover salary or your salary from this organization,  
whichever is the greater.

b. If you receive taxable income [redacted]  
[redacted] necessary adjustments for Federal, and if  
applicable, District of Columbia income tax purposes will be made in  
conformance with instructions received from this organization.

c. [redacted] you will continue to be  
responsible for compliance with the rules and regulations of this  
organization.

d. You are not assured upon the completion of your period of  
duty [redacted]  
on your services performed [redacted]  
[redacted]

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# SECRET

e. All annual and sick leave which is accrued to your credit

[redacted] you will be permitted annual leave, sick leave, home leave, and leave without pay in accordance with the regulations

[redacted] Upon completion of [redacted] your accrued annual and sick leave will be transferred to your credit [redacted]

6. You will be required to [redacted]

[redacted] unless you are released in writing by this organization from this obligation. Violation of [redacted]

[redacted] The termination of your employment with this organization will not release you from the obligation of any security oath you may be required to take.

UNITED STATES GOVERNMENT

[redacted]  
Personnel Office

ACCEPTED:

*Joseph L. B. 116*



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IMPORTANT

Central Processing Branch has been charged with responsibility (OPM 20-5-1 dated 12 October 1961) for ensuring that all employees processing PCS to the West have reviewed the field version of the Employee Conduct Handbook. You will not be checked out for your proposed travel until you sign the following statement and return it to CPB. Your Personnel Officer can provide you with a copy of the Handbook.

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Field Handbook 20-4, Employee Conduct, dated 30 July 1962

Joseph D. Piccolo  
Signature  
JOSEPH PICCOLO

27 Aug 65  
Date



**SECRET**

VERIFIED RECORD OF OVERSEAS SERVICE

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 5 E 208 Headquarters

| EMPLOYEE SERIAL NO. | NAME OF EMPLOYEE              |       |        | OFFICE/COMPONENT |
|---------------------|-------------------------------|-------|--------|------------------|
|                     | LAST                          | FIRST | MIDDLE |                  |
| 1-6<br>025658       | (Print)<br>PICCOLO, JOSEPH S. | 2-24  |        | 10-70<br>57      |

## INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (See 0010). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

| TYPE OF DATA     | ARRIVAL |       |       |       | DEPARTURE |       |       | COUNTRY     | CITY  |
|------------------|---------|-------|-------|-------|-----------|-------|-------|-------------|-------|
|                  | CODE    | MONTH | DAY   | YEAR  | MONTH     | DAY   | YEAR  |             |       |
| 1 - PCS (Basic)  | 27      | 20-29 | 30-31 | 22-23 | 34-35     | 36-37 | 38-39 |             | 40-42 |
| 2 - CORRECTION   |         |       |       |       |           |       |       |             |       |
| 3 - CANCELLATION | 1       | 09    | 29    | 65    |           |       |       | MEXICO CITY | 45-0  |

TDY DATES OF SERVICE

[illegible]

**SOURCE OF RECORD DOCUMENT**

|                 |   |   |
|-----------------|---|---|
| TRAVEL VOUCHER  | Y | DISPATCH                                  |
| CABLE           |   | DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| OTHER (Specify) |   |   |

|   |  |
|---|--|
| DOCUMENT IDENTIFICATION NO.<br>HPOTT-5946 | DOCUMENT DATE/PERIOD<br>7 OCTOBER 1965 |
|---|--|

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|              |  |          |  |  |
|--------------|--|----------|--|--|
| PREPARED BY  |  | X        | REPORT ANNOTATED ON<br>SOURCE DOCUMENT | ABOVE DATA VERIFIED CORRECT? <input checked="" type="checkbox"/> DATE WHEN CHECKED<br>DOCUMENT FILED |
| FBI DIVISION |  | DATE     | SIGNATURE                              |  |
| FBI DIVISION |  | 10/19/65 |  |  |

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62-5751 NOV 19 65

| TO: Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters |                  |        |        |                  |
|---|------------------|--------|--------|------------------|
| EMPLOYEE SERIAL NO.   | NAME OF EMPLOYEE |        |        | OFFICE/COMPONENT |
|   | LAST             | FIRST  | MIDDLE |                  |
| 1-6   | (Print)          | 7-24   |        | 29-28            |
| 125658  | Piccolo,         | Joseph |        | 51               |

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (*One only*). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

| TYPE OF DATA    | ARRIVAL |       |       | DEPARTURE |       |       | COUNTRY | OMIT  |
|-----------------|---------|-------|-------|-----------|-------|-------|---------|-------|
|                 | CODE    | MONTH | DAY   | YEAR      | MONTH | DAY   |         |       |
| 1. PCS (Basic)  |         |       |       |           |       |       |         | 40-42 |
| 3. CORRECTION   | 27      | 78-79 | 30-31 | 92-93     | 16-18 | 36-37 | 19-20   |       |
| 9. CANCELLATION |         |       |       |           |       |       |         |       |

| TYPE OF DATA    | DEPARTURE |       |       | RETURN |       |       | AREA(S) | DMIT  |
|-----------------|-----------|-------|-------|--------|-------|-------|---------|-------|
|                 | CODE      | MO-FR | DAY   | YEAR   | MO-FR | DAY   |         |       |
| 1. COPY (Basic) | 27        | 26-28 | 30-31 | 32-33  | 34-36 | 38-39 |         | 40-42 |
| 4. CORRECTION   |           |       |       |        |       |       |         |       |
| 6. CANCELLATION | 201       | 67    | 13    | 65     | 48    | 11    | 65      | 611   |

|                  |   |
|------------------|---|
| ✓ TRAVEL VOUCHER | DISPATCH                                  |
| CABLE            | DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| OTHER (Specify)  |   |

DOCUMENT DATE/PERIOD

● ● ● ● ●

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**◆ ◆ ◆**

**Figure 1**

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Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. The original of this form will be filed in the employee's official personnel folder.

|  |  |  |  |   |                                |                                   |   |
|--|--|--|--|---|--------------------------------|-----------------------------------|---|
| NAME OF EMPLOYEE (Last)  |  | (First)                                  |  | (Middle)  |                                | SOCIAL SECURITY NUMBER            |   |
| Piccolo  |  | Joseph                                   |  | S.  |                                |                                   |   |
| 1. RESIDENCE DATA  |  |  |  |   |                                |                                   |   |
| PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY   |  |  |  | LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad) |                                |                                   |   |
| Washington, D.C.   |  |  |  | Washington, D.C.  |                                |                                   |   |
| PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE  |  |  |  | HOME LEAVE RESIDENCE  |                                |                                   |   |
| Ft. Lauderdale, Fla.   |  |  |  | Ft. Lauderdale, Fla.  |                                |                                   |   |
| 2. MARITAL STATUS (Check one)  |  |  |  |   |                                |                                   |   |
| <input checked="" type="checkbox"/> SINGLE   |  | <input type="checkbox"/> MARRIED         |  | <input type="checkbox"/> SEPARATED                                |                                | <input type="checkbox"/> DIVORCED |   |
| <input type="checkbox"/> WIDOWED   |  | <input type="checkbox"/> ANNULLED        |  |   |                                |                                   |   |
| IF MARRIED, PLACE OF MARRIAGE  |  |  |  |   |                                | DATE OF MARRIAGE                  |   |
| IF DIVORCED, PLACE OF DIVORCE DECREE   |  |  |  |   |                                | DATE OF DECREE                    |   |
| IF WIDOWED, PLACE SPOUSE DIED  |  |  |  |   |                                | DATE SPOUSE DIED                  |   |
| IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)  |  |  |  |   |                                |                                   |   |
| 3. MEMBERS OF FAMILY   |  |  |  |   |                                |                                   |   |
| NAME OF SPOUSE   |  | ADDRESS (No., Street, City, Zone, State) |  |   | TELEPHONE NO.                  |                                   |   |
| N/A  |  |  |  |   |                                |                                   |   |
| NAMES OF CHILDREN  |  | ADDRESS                                  |  |   | SEX                            |                                   | DATE OF BIRTH                           |
| N/A  |  |  |  |   |                                |                                   |   |
| NAME OF YOUR FATHER (Or male guardian)   |  | ADDRESS                                  |  |   | TELEPHONE NO.                  |                                   |   |
| Joseph Piccolo   |  | Ft. Lauderdale, Fla.                     |  |   | 604-5834                       |                                   |   |
| NAME OF YOUR MOTHER (Or female guardian)   |  | ADDRESS                                  |  |   | TELEPHONE NO.                  |                                   |   |
|  |  | Ft. Lauderdale, Fla.                     |  |   | 604-5834                       |                                   |   |
| WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.  |  |  |  |   |                                |                                   |   |
| Parents  |  |  |  |   |                                |                                   |   |
| 4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY  |  |  |  |   |                                |                                   |   |
| NAME   |  |  |  |   | RELATIONSHIP                   |                                   |   |
|  |  |  |  |   | Mother                         |                                   |   |
| HOME ADDRESS (No., Street, City, Zone, State)  |  |  |  |   | HOME TELEPHONE NUMBER          |                                   |   |
| Ft. Lauderdale, Fla.   |  |  |  |   | 604-5834                       |                                   |   |
| BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE  |  |  |  |   | BUSINESS TELEPHONE & EXTENSION |                                   |   |
| N/A  |  |  |  |   | N/A                            |                                   |   |
| IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)  |  |  |  |   |                                |                                   | YES <input checked="" type="checkbox"/> |
| IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)                |  |  |  |   |                                |                                   | YES <input checked="" type="checkbox"/> |
| DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY CONTACT? (If answer is "No" explain why in item 5.)  |  |  |  |   |                                |                                   | YES <input checked="" type="checkbox"/> |
| The persons named in item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 5 ON THE REVERSE SIDE OF THIS FORM. |  |  |  |   |                                |                                   |   |
| CURRENT RESIDENCE AND DEPENDENCY REPORT  |  |  |  |   |                                |                                   |   |



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|  |  |  |
|--|--|--|
| <p>5. VOLUNTARY ENTRIES</p> <p>Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.</p> <p>INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.</p> <p>FT. LAUDERDALE NATIONAL BANK (Checking &amp; Savings)<br/> FT. LAUDERDALE, FLORIDA<br/> Joseph Stephen Piccolo</p> |  |  |
| <p>ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, DO YOU HAVE A JOINT ACCOUNT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>   |  |  |
| <p>HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" where is document located?)</p> <p>With Parents</p>  |  |  |
| <p>HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes" give name(s) and address)</p> <p>N/A</p>   |  |  |
| <p>HAVE YOU EXECUTED A POWER OF ATTORNEY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes", who possess the power of attorney?)</p>  |  |  |
| <p>6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS</p>   |  |  |
| <p>SIGNED AT <i>Xho</i> DATE <i>27 Dec 65</i> SIGNATURE <i>Joseph S. Piccolo</i></p>   |  |  |

CONFIDENTIAL



NOTICE OF CHANGE IN HEALTH BENEFITS ENROLLMENT  
FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959

A. IDENTIFYING DATA

|  |             |                      |   |   |
|--|-------------|----------------------|---|---|
| 1. NAME (LAST)<br><b>Piccolo, Joseph</b> | (FIRST)<br> | (MIDDLE INITIAL)<br> | 2. DATE OF BIRTH<br><b>12/8/35</b>                | 3. CARRIER CONTROL NO.<br><b>009069</b> |
| 4. ADDRESS (NUMBER AND STREET)<br>       |             |                      | 5. PAYROLL OFFICE NO.<br><b>11239901</b>          | 6. ENROLLMENT CODE NO.<br><b>421</b>    |
| (CITY AND ZONE NUMBER)<br>               |             | (STATE)<br>          | 7. DATE ACTION BECOMES EFFECTIVE<br><b>8/5/62</b> |   |

B. TERMINATION

☐ ENROLLMENT TERMINATES EFFECTIVE ON THE DATE SHOWN IN ITEM 7 ABOVE, WITH ELIGIBILITY TO CONVERT TO A NONGROUP CONTRACT

C. CHANGE IN PLAN

☐ ENROLLMENT SHOWN BY ITEM 6, ABOVE, HAS BEEN TERMINATED BECAUSE OF ELECTION OF ANOTHER PLAN.

D. TRANSFER OUT

E. TRANSFER IN

|  |   |
|--|---|
| <input type="checkbox"/> NAME AND ADDRESS OF NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM) TO WHICH TRANSFERRING:<br><div style="border: 1px solid black; height: 40px; width: 100%;"></div> | <input type="checkbox"/> ENROLLMENT ACCEPTED BY THIS AGENCY |
|--|---|

F. SUSPENSION

G. REINSTATEMENT

|  |   |
|--|---|
| <input type="checkbox"/> ENROLLMENT HAS BEEN SUSPENDED, EFFECTIVE ON DATE SHOWN IN ITEM 7, ABOVE WHILE ENROLLEE IS ON ACTIVE MILITARY DUTY OR FOR THE REASON STATED IN REMARKS | <input checked="" type="checkbox"/> ENROLLMENT HAS BEEN REINSTATED, EFFECTIVE ON DATE SHOWN IN ITEM 7, ABOVE. |
|--|---|

H. CHANGE IN NAME OF ENROLLEE

☐ ENROLLMENT HAS BEEN CHANGED TO:

NAME \_\_\_\_\_ ADDRESS IF DIFFERENT FROM ITEM 4 ABOVE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

I. CHANGE IN ENROLLMENT—SURVIVOR ANNUITANT

☐ ENROLLMENT HAS BEEN CHANGED FROM FAMILY COVERAGE TO SELF ONLY

NEW ENROLLMENT CODE NUMBER \_\_\_\_\_

J. REMARKS

*Under contract with the Government* **10/1/62**

K. DATE OF NOTICE

*[Signature]* **8/7/62**

HEALTH BENEFITS OFFICER  
(ATTENTION: CHIEF OF BUREAU)

Central Intelligence Agency  
Washington 25, D.C.

QUADRUPLICATE to Enrolling Office

819 AUG 1961



# SECRET

(When Filled In)

| MILITARY STATUS QUESTIONNAIRE<br>(READ INSTRUCTIONS ON REVERSE SIDE)  |  |   |  | DO NOT WRITE IN SPACES BELOW   |  |                                  |  |
|---|--|---|--|--|--|----------------------------------|--|
| 1. THIS DATE (Month-day-year)<br>August 27, 1962  |  |   |  | 1-0. SERIAL NUMBER<br>075658   |  |                                  |  |
| 2. NAME (Last-first-middle)<br>Riccobello, Joseph Stephen   |  |   |  | 7-24. NAME   |  |                                  |  |
| 3. DATE OF BIRTH (Month-year)<br>Dec 1935   |  | 4. SEX<br><input checked="" type="checkbox"/> (1) MALE <input type="checkbox"/> (2) FEMALE                              |  | 29-29. DOB<br>12-35  |  | 29. SEX<br>1                     |  |
| 5. OFFICE TO WHICH ASSIGNED   |  | 6. SCHEDULE AND GRADE<br>GS-7   |  | 30-31. OFFICE CODE<br>61   |  | 32-34. SCHED 35-38 GR.<br>GS 07  |  |
| 7. SUBJECT TO CURRENT DRAFT<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  | 8. INDICATE DRAFT CLASSIFICATION, IF ANY<br>(1-12)  |  | 37. DRAFT STATUS<br>✓  |  | 38-39. CLASS.<br>1-D             |  |
| VETERANS COMPLETE THE FOLLOWING   |  |   |  |  |  |                                  |  |
| 9. BRANCH OF SERVICE ON SEPARATION (Check one)  |  |   |  | 10. MIL GRADE ON SEPARATION  |  |                                  |  |
| <input type="checkbox"/> (1) ARMY <input type="checkbox"/> (3) MARINE <input type="checkbox"/> (5) COAST GUARD<br><input type="checkbox"/> (2) NAVY <input checked="" type="checkbox"/> (4) AIR FORCE   |  |   |  | 10A. YRS/MOS OF ACTIVE SERVICE<br>1 YR 1 MO<br>41. BRANCH SERVICE<br>4<br>41-42. MIL. GRADE<br>E-5 |  |                                  |  |
| 11. STATUS AT TIME OF SEPARATION (Check one)  |  |   |  | 43. STATUS AT SEPARATION   |  |                                  |  |
| <input type="checkbox"/> (1) REGULAR <input checked="" type="checkbox"/> (2) RESERVE <input type="checkbox"/> (3) DRAFTEE <input type="checkbox"/> (4) OTHER (Specify in comments)  |  |   |  | 2  |  |                                  |  |
| 12. TYPE OF SEPARATION (Check one)  |  |   |  | 44. TYPE OF SEPARATION (A-less than 8 yrs; B-8 yrs or more)  |  |                                  |  |
| PLEASE NOTE<br>ALTHOUGH YOU MAY HAVE A SERVICE CONNECTED DISABILITY, DO NOT CHECK THE BOX "RETIRED-SERVICE CONNECTED DISABILITY" UNLESS YOU WERE ACTUALLY RETIRED FOR THIS REASON. IF OTHERWISE, CHECK "HONORABLE DISCHARGE" OR "RELEASED TO INACTIVE DUTY" AS APPROPRIATE, EVEN THOUGH YOU MAY BE DRAWING A DISABILITY ALLOWANCE OR COMPENSATION.  |  |   |  | 1A 3A 5A 7A<br>1B 3B 5B 7B<br>2A 4A 6A 8A<br>2B 4B 6B 8B   |  |                                  |  |
| <input type="checkbox"/> (1) RELEASED TO INACTIVE DUTY <input type="checkbox"/> (5) RETIRED-AGE<br><input type="checkbox"/> (2) HONORABLE DISCHARGE <input type="checkbox"/> (6) RETIRED-SERVICE CONNECTED DISABILITY<br><input type="checkbox"/> (3) RETIRED-20 (or more) YRS. SERVICE <input type="checkbox"/> (7) RETIRED-COMBAT DISABILITY<br><input type="checkbox"/> (4) RETIRED-LESS THAN 20 YRS. SERVICE <input checked="" type="checkbox"/> (8) OTHER-SPECIFY UNDER COMMENTS |  |   |  |  |  |                                  |  |
| MEMBERS OF RESERVE FORCES COMPLETE THE FOLLOWING  |  |   |  |  |  |                                  |  |
| 13. RESERVE BRANCH OR SERVICE<br>D.C. AIR NAT'L Guard   |  | 14. ORIGINAL ENTRY DATE IN ARMED SERVICES<br>13 Feb 54  |  | 45. BRANCH SERVICE<br>8  |  | 46-49. ENTRY DATE<br>10254       |  |
| 15. SERVICE SERIAL NO.<br>AF22928914  |  | 16. MOS, AFSC, DESIGNATOR, OR RATING<br>70250   |  | 50-59. SERV. SER. NO.<br>AF22928914  |  | 60-64. MOS, AFSC,<br>70250       |  |
| 17. MIL. GRADE<br>SSGT  |  | 18. RESERVE CATEGORY (Check one)  |  | 65-66. MIL. GRADE<br>L5  |  | 67. CATEGORY<br>1                |  |
|   |  | <input checked="" type="checkbox"/> (1) READY <input type="checkbox"/> (2) STANDBY <input type="checkbox"/> (3) RETIRED |  | 68-71. EXPIRATION DATE<br>0063   |  | 72. MOBILIZATION ASSIGNMENT<br>2 |  |
| 19. EXPIRATION DATE OF APPOINTMENT OR ENLISTMENT (Month and year)<br>Aug 1963   |  |   |  | 73. ASSIGNMENT UNIT<br>2   |  |                                  |  |
| 20. MIL. MOBILIZATION ASSIGNMENT<br>121ST TAC FTR SQ Andrews AFB  |  |   |  | 74. MOBILIZATION CATEGORY<br>2   |  |                                  |  |
| 21. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED<br>121ST TAC FTR SQ Andrews AFB  |  |   |  |  |  |                                  |  |
| 22. COMMENTS<br>Item 12. Honorable Separation From Active Duty USAT To Active Reserve Dec 1962. 24 Aug 62.  |  |   |  |  |  |                                  |  |



## APPOINTMENT AFFIDAVITS

**IMPORTANT.**—Before swearing to these appointment affidavits, you should read and understand the attached information for appointee

CENTRAL INTELLIGENCE AGENCY

(Department or agency)

LANGLEY, VIRGINIA

(Bureau or division)

(Place of employment)

I, JOSEPH L. PICCOLO, do solemnly swear (or affirm) that—

### A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

### B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

### C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

### D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

### E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

25 AUGUST 1962  
(Date of entrance on duty)

Joseph L. Piccolo  
(Signature of appointee)

Subscribed and sworn before me this 27th day of August, A. D. 1962

at Langley, Virginia

[SEAL]

[Signature of official]

Personnel Clerk  
(Title)

**NOTE.**—The oath of office must be administered by a person specified in 5 U. S. C. 18, or by a person designated to administer oaths under Section 206, Act of June 30, 1943, 5 U. S. C. 16a. If he a Notary Public, the date of expiration of his commission should be shown.



## DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Admitted unfavorable information about such matters as arrests or discharges will be considered together with the favorable information in your record in determining your present fitness for Federal employment. However, a false statement or dishonest answer to any question may be grounds for dismissal after appointment and is punishable by law.

1. PRESENT ADDRESS (street and number, city and State) Washington 24, D.C.

2. (A) DATE OF BIRTH 8 Dec 35 (B) PLACE OF BIRTH (city and State or city and foreign country) Yonkers, New York

3. (A) IN CASE OF EMERGENCY, PLEASE NOTIFY Mrs. Joseph Piccolo, Mother, E. L. LANDSKAL, E. L. (B) RELATIONSHIP RELATIVE (C) STREET AND NUMBER, CITY AND STATE LO 4-5834 (D) TELEPHONE NO.

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? ☐ YES ☒ NO

If so, for each such relative fill in the blank below. If additional space is necessary, complete under Item 12.

| NAME | POST OFFICE ADDRESS<br>(Give street number, if any) | (1) POSITION (2) TEMPORARY OR NOT<br>(3) DEPARTMENT OR AGENCY IN WHICH<br>EMPLOYED | RELATIONSHIP | MAR.<br>RFD<br>(Check one) | SIN.<br>GLE<br>(Check one) |
|------|---|--|--------------|----------------------------|----------------------------|
|      |   | 1. ....  |              |                            |                            |
|      |   | 2. ....  |              |                            |                            |
|      |   | 3. ....  |              |                            |                            |
|      |   | 4. ....  |              |                            |                            |
|      |   | 5. ....  |              |                            |                            |
|      |   | 6. ....  |              |                            |                            |
|      |   | 7. ....  |              |                            |                            |
|      |   | 8. ....  |              |                            |                            |
|      |   | 9. ....  |              |                            |                            |
|      |   | 10. ....   |              |                            |                            |

| INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN   | YES                                 | NO                                  | INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN   | YES                      | NO                                  |
|---|-------------------------------------|-------------------------------------|---|--------------------------|-------------------------------------|
| 5. (A) ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA OR (B) AS A NATIVE OF AMERICAN SAMOA DO YOU OWE ALLEGIANCE TO THE UNITED STATES OF AMERICA?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 10. (A) HAVE YOU EVER FILED A WAIVER OF LIFE INSURANCE COVERAGE UNDER THE FEDERAL EMPLOYEES GROUP LIFE INSURANCE ACT?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?<br><i>If your answer is "Yes," give details in Item 12.</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | (B) IF YOU HAVE FILED SUCH A WAIVER, HAS IT BEEN CANCELED OR REVOKED?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. DO YOU RECEIVE OR HAVE YOU APPLIED FOR AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?<br><i>If your answer is "Yes," give details in Item 12.</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 11. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT:<br>A. HAVE YOU BEEN DISCHARGED FROM EMPLOYMENT BECAUSE:<br>(1) YOUR CONDUCT WAS NOT SATISFACTORY?<br>(2) YOUR WORK WAS NOT SATISFACTORY?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN ARRESTED, CHARGED, OR HELD BY FEDERAL, STATE, OR OTHER LAW ENFORCEMENT AUTHORITIES FOR ANY VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCE? DO NOT INCLUDE TRAFFIC VIOLATIONS FOR WHICH A FINE OF \$5 OR LESS WAS IMPOSED. ALL OTHER CHARGES MUST BE INCLUDED EVEN IF THEY WERE DISMISSED.<br><i>If your answer is "Yes," give in Item 12 for each case: (1) approximate date, (2) charge, (3) place, (4) action taken.</i> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | B. HAVE YOU RESIGNED AFTER OFFICIAL NOTIFICATION THAT:<br>(1) YOUR CONDUCT WAS NOT SATISFACTORY?<br>(2) YOUR WORK WAS NOT SATISFACTORY?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN BARRED BY THE U.S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS?<br><i>If your answer is "Yes," give dates of and reasons for each disbarment in Item 12.</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | C. HAVE YOU BEEN DISCHARGED FROM THE ARMED SERVICES UNDER OTHER THAN HONORABLE CONDITIONS?<br><i>If your answer to A, B, or C is "Yes," give details in Item 12 as clearly as you can remember, including the name and address of employer, approximate date, and reasons in each case.</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

12. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply.)

| ITEM NO. | ANSWER | ITEM NO. | ANSWER |
|----------|--------|----------|--------|
|          |        |          |        |
|          |        |          |        |
|          |        |          |        |
|          |        |          |        |
|          |        |          |        |
|          |        |          |        |
|          |        |          |        |
|          |        |          |        |
|          |        |          |        |
|          |        |          |        |

**INSTRUCTIONS TO APPOINTING OFFICER.**—You must determine that this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations, and acts of Congress pertaining to appointment. This form should be checked for holding of office, pension, any record of recent discharge or arrest, age, citizenship, and members of family. Also, to establish the identity of the appointee, you should particularly check (1) his signature and handwriting against the application and/or other pertinent papers and (2) his physical appearance against the medical certificate.



# STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE AND DETERMINATION OF COMPETITIVE STATUS

**IMPORTANT:** The information on this form will be used (1) in determining creditable service for leave purposes and retention credits for reduction in force, and (2) in recording agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.

| PART I—EMPLOYEE'S STATEMENT   |  |       |       |     |      |                  |     |                              |        | PART II—THIS COLUMN IS FOR PERSONNEL OFFICE USE  |   |  |
|---|--|-------|-------|-----|------|------------------|-----|------------------------------|--------|--|---|--|
| 1. NAME (Last, first, middle initial)   |  |       |       |     |      | 2. DATE OF BIRTH |     |                              |        | 9. RETENTION GROUP   |   |  |
| Piccolo, Joseph S.  |  |       |       |     |      | 8 Dec 35         |     |                              |        | 10. A. CSC STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO<br>B. TYPE OF PRESENT APPOINTMENT |   |  |
| 3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.)   |  |       |       |     |      |                  |     |                              |        |  |   |  |
| NAME AND LOCATION OF AGENCY   |  | FROM— |       |     | TO—  |                  |     | TYPE OF APPOINTMENT IF KNOWN |        | 11. SERVICE<br>YEAR MONTH DAY  |   |  |
|   |  | YEAR  | MONTH | DAY | YEAR | MONTH            | DAY |                              |        |  |   |  |
| F.B.I. WASH. DC.  |  | 53    | AUG   | 8   | 55   | SEPT             | ?   |                              |        |  |   |  |
| C.I.A. WASH DC.   |  | 57    | FEB   | 13  | 62   | OCT              | 4   |                              |        |  |   |  |
| 4. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE"  |  |       |       |     |      |                  |     |                              |        |  |   |  |
| BRANCH  |  | FROM— |       |     | TO—  |                  |     | DISCHARGE (Hon. or dishon?)  |        | 12. TOTAL SERVICE<br>YEAR MONTH DAY  |   |  |
|   |  | YEAR  | MONTH | DAY | YEAR | MONTH            | DAY |                              |        |  |   |  |
| U.S. AIR FORCE  |  | 62    | OCT   | 1   | 62   | AUG              | 24  | Hon.                         |        |  |   |  |
| 5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>IF ANSWER IS "YES," LIST FOLLOWING INFORMATION. |  |       |       |     |      |                  |     |                              |        |  |   |  |
| TYPE IF KNOWN (LWOP, Furl, Susp, AWOL, Mer Mar)   |  | FROM— |       |     | TO—  |                  |     | TOTAL                        |        |  | 13. NONCREDITABLE SERVICE (Leave purposes only) |  |
|   |  | YEAR  | MONTH | DAY | YEAR | MONTH            | DAY | YEARS                        | MONTHS | DAYS   |   |  |
|   |  |       |       |     |      |                  |     |                              |        |  | 14. NONCREDITABLE SERVICE (RIF purposes only)   |  |
| 6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS?   |  |       |       |     |      |                  |     |                              |        | 15. REEMPLOYMENT RIGHTS  |   |  |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>(If answer is "Yes," in what agency were you employed at the time status was acquired?)  |  |       |       |     |      |                  |     |                              |        | <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |  |
| C.I.A.  |  |       |       |     |      |                  |     |                              |        | 16. RETENTION RIGHTS   |   |  |
|   |  |       |       |     |      |                  |     |                              |        | <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |  |
| 7. ARE YOU:   |  |       |       |     |      |                  |     |                              |        | 17. EXPIRATION DATE OF PENSION RIGHTS  |   |  |
| A. THE WIFE OF A DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  |       |       |     |      |                  |     |                              |        |  |   |  |
| B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  |       |       |     |      |                  |     |                              |        |  |   |  |
| C. THE UNREMARKED WIDOW OF A VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  |       |       |     |      |                  |     |                              |        |  |   |  |
| 8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS  |  |       |       |     |      |                  |     |                              |        |  |   |  |
| I swear (or affirm) that the above statements are true to the best of my knowledge and belief.  |  |       |       |     |      |                  |     |                              |        |  |   |  |
| 27 AUGUST 1962 (DATE)   |  |       |       |     |      |                  |     |                              |        |  |   |  |
| Subscribed and sworn to before me on this 27 day of Aug 1962 at Danville Virginia (LOCATION) (CITY) (STATE)   |  |       |       |     |      |                  |     |                              |        |  |   |  |
| SEAL  |  |       |       |     |      |                  |     |                              |        |  |   |  |
| NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown   |  |       |       |     |      |                  |     |                              |        |  |   |  |
| INSTRUCTIONS: File this form on the permanent side of the employee's official personnel folder immediately before or after the personnel action involved  |  |       |       |     |      |                  |     |                              |        |  |   |  |



CONFIDENTIAL  
(when filled in)

ACKNOWLEDGEMENT

I hereby acknowledge that I have read and understand the contents  
of Handbook 20-4, Employee Conduct, dated 29 August 1961.

Joseph A. Piccolo  
Signature

27 August 1962  
Date

CONFIDENTIAL



**SECRET**

**VERIFIED RECORD OF OVERSEAS SERVICE**

TO:

Office of Personnel, Statistical Reporting Branch, ROOM 192 Currier Hall

| EMPLOYEE SERIAL NO. | NAME OF EMPLOYEE |        |        | OFFICE / COMPONENT |
|---------------------|------------------|--------|--------|--------------------|
|                     | LAST             | FIRST  | MIDDLE |                    |
| 1-8                 | (Print)          | 1-20   |        | 25-70              |
| 25638               | Piccolo          | Joseph | J      | 46                 |

### INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TOL. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR SUBSTITUTION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

| TYPE OF DATA     | ARRIVAL |       |       |       | DEPARTURE |       |       | COUNTRY | GMT   |
|------------------|---------|-------|-------|-------|-----------|-------|-------|---------|-------|
|                  | CODE    | MONTH | DAY   | YEAR  | MONTH     | DAY   | YEAR  |         |       |
| 1 - PCS (Basic)  |         |       |       |       |           |       |       |         | 40-42 |
| 2 - CORRECTION   | 27      | 28-29 | 30-31 | 32-33 | 34-35     | 36-37 | 38-39 |         |       |
| 3 - CANCELLATION | 1       |       |       |       | 01        | 18    | 60    |         | 450   |

TDY DATES OF SERVICE

| TYPE OF DATA     | DEPARTURE |       |       |       | DUTY LOG |       |       | AREA(S)    | OMIT |
|------------------|-----------|-------|-------|-------|----------|-------|-------|------------|------|
|                  | CODI      | MONTH | DIV   | YEAR  | MONTH    | DAY   | YEAR  |            |      |
| 1 - TDV (Basic)  | 27        | 28-29 | 30-31 | 32-33 | 34-35    | 36-37 | 38-39 | 1<br>40-47 |      |
| 4 - CORRECTION   |           |       |       |       |          |       |       |            |      |
| 8 - CANCELLATION |           |       |       |       |          |       |       |            |      |

SOURCE OF RECORD DOCUMENT

|                |   |
|----------------|---|
| TRAVEL VOUCHER | DISPATCH                                    |
| CABLE          | DUTY STATUS (OR TIME) AND ATTENDANCE REPORT |

07H122 (Spec. 617)

OTMNR (Spec. 1/4)  
X RTN: 10-0000 12/00

DOCUMENT IDENTIFICATION NO.

Document Date Period

25 Jan 60

**● ● ● ● ●**

**POSTAGE PAID**

● 本報記者 王曉明 專訪 香港大學社會工作系教授 李卓人

總局：上海南京路四二二號  
 電話：二二二二

**THE UNIVERSITY OF CHICAGO**

# SECRET

10 333



OFFICE OF CHIEF OF THE DISTRICT OF COLUMBIA  
GENERAL INVESTIGATIVE DIVISION

A. IDENTIFYING DATA

NAME: Richard J. Smith  
 ADDRESS: 11741  
7-3061

B. TERMINATION

☐ YOUR ENROLLMENT IN A HEALTH BENEFITS PLAN HAS BEEN TERMINATED BY THE PLAN OR BY THE DISTRICT OF COLUMBIA. IF YOU ARE A NON-PROFIT EMPLOYEE, THE PLAN OR THE DISTRICT OF COLUMBIA MAY HAVE TERMINATED YOUR ENROLLMENT.

C. CHANGE IN PLAN

☐ YOUR ENROLLMENT IN A HEALTH BENEFITS PLAN HAS BEEN CHANGED TO ANOTHER PLAN WITHIN THE DISTRICT OF COLUMBIA.

D. TRANSFER

☐ YOUR ENROLLMENT IN A HEALTH BENEFITS PLAN HAS BEEN TRANSFERRED TO ANOTHER PLAN OR TO A NON-PROFIT EMPLOYEE. IF YOU ARE A NON-PROFIT EMPLOYEE, THE PLAN OR THE DISTRICT OF COLUMBIA MAY HAVE TRANSFERRED YOUR ENROLLMENT.

E. SUSPENSION OR REINSTATEMENT

☒ YOUR ENROLLMENT IN A HEALTH BENEFITS PLAN HAS BEEN SUSPENDED OR REINSTATEMENT. IF YOU ARE A NON-PROFIT EMPLOYEE, THE PLAN OR THE DISTRICT OF COLUMBIA MAY HAVE SUSPENDED OR REINSTATEMENT YOUR ENROLLMENT.

F. CHANGE IN NAME OF ENROLLEE

☐ NO ENROLLMENT SHOWN IN PART A, ABOVE, HAS BEEN CHANGED TO ANOTHER NAME. IF YOU ARE A NON-PROFIT EMPLOYEE, THE PLAN OR THE DISTRICT OF COLUMBIA MAY HAVE CHANGED YOUR NAME.

G. CHANGE IN ENROLLMENT — SURVIVOR ANNUITY

☐ YOUR ENROLLMENT IN A HEALTH BENEFITS PLAN HAS BEEN CHANGED FROM SURVIVOR ANNUITY TO SURVIVOR ANNUITY. IF YOU ARE A NON-PROFIT EMPLOYEE, THE PLAN OR THE DISTRICT OF COLUMBIA MAY HAVE CHANGED YOUR ENROLLMENT.

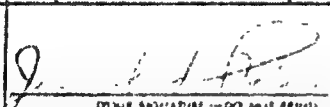
H. REMARKS

11741  
7-3061

I. DATE OF NOTICE

DATE: 11/7/41  
 HEALTH BENEFITS PLAN: 11741  
 (ALTERATION) NAME OF AGENT: 7-3061



| Standard Form No. 2809<br>(CHAPTER 1151 P.M.<br>GSA GEN 300)   |  | <b>HEALTH BENEFITS REGISTRATION FOR</b><br>FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959<br><small>(Read Instructions on back of last page. Use only typewriter or ballpoint pen.)</small> |  |   |  | LEATHER STOCK NUMBER 700<br><b>080459</b> |                               |
|--|--|--|--|---|--|---|-------------------------------|
| <b>PART A</b><br>ALL WHO<br>REGISTER<br>MUST FILL<br>IN THIS<br>PART.  | 1. NAME (LAST) (FIRST) (MIDDLE INITIAL)  |  | 2. DATE OF BIRTH (Month) (Day) (Year)  |   | 3. Are you now married?  |   |                               |
|  | PICCOLO Joseph S.  |  | 12 8 35  |   | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |   |                               |
|  | 4. YOUR MARITAL ADDRESS (NUMBER AND STREET) (CITY AND STATE AND ZIP NUMBER) (STATE)  |  |  |   | 5. SEX   |   |                               |
|  | N.W. Washington 7, D.C.  |  |  |   | MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>   |   |                               |
| 6. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)?                           |  | 7. Place an "X" in proper box to show your annual basic salary range.  |  |   |  |   |                               |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  | UNDER \$4,000 <input type="checkbox"/> \$4,000 TO \$5,999 <input checked="" type="checkbox"/> \$6,000 TO \$7,999 <input type="checkbox"/> \$8,000 OR OVER <input type="checkbox"/>         |  |   |  |   |                               |
| <b>PART B</b><br>FILL IN THIS<br>PART IF YOU<br>WISH TO EN-<br>ROLL IN A<br>HEALTH BENEFITS<br>PLAN.<br><br><small>If enrollment<br/>is for self only,<br/>answer item 1.<br/>If enrollment<br/>is for self and<br/>family, also<br/>answer item 2<br/>and item 3 if<br/>it applies.</small> | 1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from article 22 of the plan you select.)  |  |  |   |  |   |                               |
|  | NAME OF PLAN   |  | OPTIONAL HIGH OR LOW   |   | ENROLLMENT LEVEL (NUMBER)  |   |                               |
|  | ASSOCIATION BENEFIT PLAN   |  | HIGH   |   | 4 2 1  |   |                               |
|  | 2. In space below list all eligible family members without exception. List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and all legitimate children who live with you as a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.) |  |  |   |  |   |                               |
| NAMES OF FAMILY MEMBERS  |  | DATE OF BIRTH (Month, Day, Year)   |  | NAMES OF FAMILY MEMBERS                                       |  | DATE OF BIRTH (Month, Day, Year)          |                               |
| Wife or Husband  |  | [1]  |  |   |  | [6]                                       |                               |
|  |  | [2]  |  |   |  | [7]                                       |                               |
|  |  | [3]  |  |   |  | [8]                                       |                               |
|  |  | [4]  |  |   |  | [9]                                       |                               |
|  |  | [5]  |  |   |  | [10]                                      |                               |
| 3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.)     |  |  |  |   |  |   |                               |
| YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |  |  |   |  |   |                               |
| <b>PART C</b><br>FILL IN THIS<br>PART IF YOU<br>WISH NOT TO<br>ENROLL OR IF<br>YOU WISH TO<br>CANCEL YOUR<br>ENROLLMENT.   | PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3  |  |  |   |  |   |                               |
|  | 1. I elect not to enroll in any plan under the Health Benefits Act. <input type="checkbox"/>   |  |  | 3. The reason for my election is (Place an "X" in proper box) |  |   |                               |
| 2. I elect to cancel my present enrollment under the Health Benefits Act. <input type="checkbox"/>   |  |  | (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> |   |  |   |                               |
|  |  |  | (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input type="checkbox"/>                         |   |  |   |                               |
|  |  |  | (c) Any other reason. <input type="checkbox"/>   |   |  |   |                               |
| <b>PART D</b><br>FILL IN THIS<br>PART IF YOU<br>WISH TO<br>CHANGE YOUR<br>ENROLLMENT.  | I elect to change my enrollment as shown by the enrollment number and other information in Part B.   |  |  |   |  |   |                               |
|  | 1. Enrollment code number of present plan.   |  | 2. Number of event which permits change (See table on back of duplicate for proper number)   |   | 3. Date of event which permits change  |   |                               |
|  |  |  |  | MONTH DAY YEAR  |  |   |                               |
| <b>PART E</b><br>ALL WHO<br>REGISTER<br>MUST FILL<br>IN THIS PART.   | <br>28 June 1960<br><small>(YOUR SIGNATURE—DO NOT PRINT)</small> <small>(DATE)</small>  |  |  |   | <b>WARNING.</b> —Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.) |   |                               |
|  | 1. NAME AND ADDRESS OF EMPLOYING OFFICE  |  |  |   | 2. DATE RECEIVED BY EMPLOYING OFFICE   |   | 3. EFFECTIVE DATE OF ELECTION |
|  |  |  |  | 4. PAYROLL OFFICE NO.   |  | 5. PAYROLL OFFICE (INITIALS AND DATE)     |                               |
|  |  |  |  |   |  |   |                               |
| SIGNATURE OF AUTHORIZED AGENCY OFFICIAL  |  |  |  |   |  |   |                               |
| <b>PART F</b><br>TO BE<br>COMPLETED<br>BY<br>AGENCY.   |  |  |  |   |  |   |                               |
|  |  |  |  |   |  |   |                               |
| <b>REMARKS</b><br>FOR USE ONLY<br>BY AGENTS<br>AND BUREAU<br><div style="float: left; width: 40%;">LWH</div> <div style="float: right; width: 40%;">125-6</div>  |  |  |  |   |  |   |                               |



SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:

|  |                    |                           |                    |
|--|--------------------|---------------------------|--------------------|
| NAME OF EMPLOYEE (true)  | DATE (from item 1) | NAME OF SUPERVISOR (true) | DATE (from item 2) |
| PICCOLI, Joseph S.   | 18 Jun 59          | SCOTT, Winston M.         | 18 Jun 59          |
| NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW. |                    | DATE                      |                    |
|  |                    | 1 Jul 59                  |                    |

TO BE COMPLETED BY EMPLOYEE

|   |                                  |   |
|---|----------------------------------|---|
| 1. DATE OF BIRTH<br>8 December 1935                               | 2. GRADE<br>GS-5                 | 3. CURRENT POSITION TITLE<br>Mail and File Supervisor           |
| 4. SERVICE DESIGNATION (if known)<br>RID                          | 5. CURRENT STATION OR FIELD BASE | 7. EXPECTED DATE OF DEPARTURE FROM FIELD<br>2 Jan 1960          |
| 6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR<br>None |                                  | 70. EXPECTED DATE OF ARRIVAL AT HEADQUARTERS PCS<br>30 Jan 1960 |

8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form).

[ ] preparation of outgoing pouches, processing of incoming pouches, analysis of mail for filing, name checks and preparation of memoranda, [ ] operation of Registry during absence of Chief, [ ] during absence of KURIOT representative.

9. PREFERENCE FOR NEXT ASSIGNMENT:

A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 8, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.

Return to WHD or RID in analysis or report work with the intention of entering the IO or JOT program upon completion of studies at Georgetown University (approximately 1-1/2 years).

B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available).

These courses that would be preparatory for entrance into the operational field.

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**SECRET**

|  |   |
|--|---|
| <b>9. PREFERENCE FOR NEXT ASSIGNMENT (CONTINUED)</b><br>C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (for 1st, 2nd and 3rd choice) IN THE BOXES BELOW:<br><div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <input checked="" type="checkbox"/> <b>2</b> RETURN TO MY CURRENT STATION         </div> <div style="width: 30%;"> <input type="checkbox"/> BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY, WITH RESPECT TO POSSIBLE ASSIGNMENT IN HEADQUARTERS, INDICATE CHOICE OF COMPONENT:<br/>           1ST. CHOICE <u>WHID</u> 2ND. CHOICE <u>RID</u> 3RD. CHOICE <u>WED</u> </div> <div style="width: 30%;"> <input checked="" type="checkbox"/> <b>3</b> BE ASSIGNED TO ANOTHER FIELD STATION, WITH RESPECT TO POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIFIC STATION BASED ON QUALIFICATIONS:<br/>           1ST. CHOICE <span style="border: 1px solid black; display: inline-block; width: 80px; height: 1.2em; vertical-align: middle;"></span> 2ND. CHOICE <span style="border: 1px solid black; display: inline-block; width: 80px; height: 1.2em; vertical-align: middle;"></span> 3RD. CHOICE <span style="border: 1px solid black; display: inline-block; width: 80px; height: 1.2em; vertical-align: middle;"></span> </div> </div> |   |
| <b>10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS?</b><br><div style="text-align: right;">INDICATE NUMBER OF WORK DAYS <u>15</u></div>   |   |
| <b>11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:</b><br><div style="text-align: center; margin-top: 10px;">None</div>   |   |
| <b>12. SIGNATURE: COMPLETE ITEM NO. 5-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM.</b><br><div style="text-align: center; font-size: small;">TO BE COMPLETED BY SUPERVISOR AT FIELD STATION</div>   |   |
| <b>13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:</b><br><div style="margin-top: 10px;"> <p>It is recommended that this employee be returned to Headquarters in January 1960 in order that he may complete his college education at Georgetown University. His replacement, who should be a trained RID specialist, should arrive in <span style="border: 1px solid black; display: inline-block; width: 60px; height: 1.2em; vertical-align: middle;"></span> in early December 1959.</p> <p>This employee should be allowed to take KUBARK training courses which would lead to his becoming an I.O. upon completion of his college education. It is believed he can become a very good I. O. with training.</p> </div>   |   |
| <b>14. SIGNATURE: COMPLETE ITEM NO. 5-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM.</b><br><div style="text-align: center; font-size: small;">TO BE COMPLETED BY APPROPRIATE PERSONNEL OFFICER AT HEADQUARTERS</div>   |   |
| <b>15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE COMPONENT TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:</b><br><div style="margin-top: 10px;"> <p>Concur with Chief of Station recommendation for assignment at Headquarters in RID since there are no appropriate positions in WH Hqs to which he could be assigned.</p> </div>   |   |
| <b>16. NAME OF PERSONNEL OFFICER</b><br><div style="border: 1px solid black; width: 100%; height: 1.2em; margin-top: 5px;"></div>  | <b>SIGNATURE</b><br><div style="border: 1px solid black; width: 100%; height: 1.2em; margin-top: 5px;"></div> |
| <div style="text-align: center; font-size: small;">FOR USE OF CAREER SERVICE</div>   |   |
| <b>17. EMPLOYEE <input type="checkbox"/> WAS <input type="checkbox"/> WAS NOT BEEN NOTIFIED OF PLANNED REASSIGNMENT</b>  | <b>18. REFERENCE</b><br>DISPATCH NO. _____ CABLE NO. _____  |
| <b>19. TYPED OR PRINTED NAME</b>   | <b>20. SIGNATURE</b>  |
| <b>21. TITLE</b>   | <b>22. DATE</b>   |
| <b>23. COMMENTS</b><br><div style="height: 80px; border: 1px solid black; margin-top: 5px;"></div>   |   |

**SECRET**



CONFIDENTIAL  
(When Filled In)

TRAVEL AGREEMENT BY STAFF EMPLOYEES ASSIGNED TO PERMANENT  
DUTY STATION OUTSIDE CONTINENTAL UNITED STATES

1. In accordance with the policy of the Central Intelligence Agency, I agree to serve outside the continental United States a minimum tour of 24 months from the date of my arrival at my permanent post of duty, unless said tour is sooner terminated by the Government for its convenience, or it is terminated by the Agency for circumstances that are considered by it to be beyond my control.

2. It is understood and agreed that if I terminate for reasons within my control in less than 12 months from the date of arrival at said post, I shall reimburse CIA for all travel expenses, including storage and per diem, incurred in the transporting of myself, my dependents, my household and personal effects and my automobile to my permanent post of duty, and shall pay all return travel and transportation expenses to the United States.

3. It is further understood and agreed that if I terminate for reasons within my control subsequent to the twelfth month but prior to the completion of my tour of duty, I shall pay all return expenses for the travel and transportation of myself, my dependents, my household and personal effects and my automobile to the United States.

WITNESS:

[Redacted Signature Box]

Office of Personnel

*Joseph S. Piccolo*  
(Employee)

Joseph S. Piccolo

Date: 4 Nov 1957



## APPOINTMENT AFFIDAVITS

**IMPORTANT.**—Before swearing to these appointment affidavits, you should read and understand the attached information for appointee

CENTRAL INTELLIGENCE AGENCY

(Department or agency)

Washington, D. C.

(Bureau or division)

(Place of employment)

I, Joseph Stephan Piccolo, do solemnly swear (or affirm) that—

### A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, **SO HELP ME GOD.**

### B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

### C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

### D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

### E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

4 Feb. 1957

(Date of entrance on duty)

Joseph S. Piccolo

(Signature of appointee)

Subscribed and sworn before me this 4th day of February A. D. 1957.

at Washington,

(City)

D. C.

(State)

[SEAL]

William T. Clark

(Signature of official)

Appointment Clerk

(Title)

**NOTE.**—If the oath is taken before a Notary Public the date of expiration of his commission should be shown.



FORM 1451  
RECORD OF OVERSEAS SERVICE

NAME OF EMPLOYEE: \_\_\_\_\_

EMPLOYEE SERIAL NO: \_\_\_\_\_

COMPLETED BY EMPLOYEE: YES ☐ NO ☐

TELEPHONE EXT: \_\_\_\_\_

SECRET (WHEN FILLED IN)

DO NOT FOLD, STAPLE, SPINDLE, OR MUTILATE

INSTRUCTIONS: THIS FORM MUST BE RETURNED WHETHER YOU HAVE HAD OVERSEAS SERVICE OR NOT. PLEASE READ CAREFULLY INSTRUCTIONS ON ACCOMPANYING CARD, THEN FILL OUT THIS FORM AS ACCURATELY AS POSSIBLE.

WHERE SERVICE WAS PERFORMED: \_\_\_\_\_

DATE: \_\_\_\_\_

SERVICE AS: CIVILIAN ☐ MILITARY ☐ INTER. ☐

RESPONSIBLE U.S. GOVT DEPT OR AGENCY: \_\_\_\_\_

DO NOT WRITE IN COLUMN: \_\_\_\_\_

12677081 CIA 100

IF ADDITIONAL SPACE IS NEEDED, CHECK HERE ☐ AND ASK YOUR ADMINISTRATIVE OFFICER FOR SUPPLEMENTAL CARD.

SECRET

| INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN  | YES | NO | INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN  | YES | NO |
|--|-----|----|--|-----|----|
| 6. (a) ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA, OR (b) AS A NATIVE OF AMERICAN SAMOA DO YOU OWE ALLEGIANCE TO THE UNITED STATES OF AMERICA?  | X   |    | 10. (a) HAVE YOU EVER FILED A WAIVER OF LIFE INSURANCE COVERAGE UNDER THE FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT?   |     | X  |
| 6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?   |     | X  | (b) IF YOU HAVE FILED SUCH A WAIVER, HAS IT BEEN CANCELED OR REVOKED?  |     | X  |
| If your answer is "Yes," give details in Item 12.  |     |    | 11. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT:   |     |    |
| 7. DO YOU RECEIVE OR HAVE YOU APPLIED FOR AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PERSON OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?   |     | X  | A. HAVE YOU BEEN DISCHARGED FROM EMPLOYMENT BECAUSE:   |     | X  |
| If your answer is "Yes," give details in Item 12.  |     |    | (1) YOUR CONDUCT WAS NOT SATISFACTORY?   |     | X  |
| 8. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN ARRESTED, CHARGED, OR HELD BY FEDERAL, STATE, OR OTHER LAW ENFORCEMENT AUTHORITIES, FOR ANY VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCE? DO NOT INCLUDE TRAFFIC VIOLATIONS FOR WHICH A FINE OF \$25 OR LESS WAS IMPOSED. ALL OTHER CHARGES MUST BE INCLUDED EVEN IF THEY WERE DISMISSED. |     | X  | (2) YOUR WORK WAS NOT SATISFACTORY?  |     | X  |
| If your answer is "Yes," give in Item 12 for each case: (1) approximate date, (2) charge, (3) place, (4) action taken.   |     |    | B. HAVE YOU RESIGNED AFTER OFFICIAL NOTIFICATION THAT:   |     | X  |
| 9. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN BARRED BY THE U.S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS?  |     | X  | (1) YOUR CONDUCT WAS NOT SATISFACTORY?   |     | X  |
| If your answer is "Yes," give date of and reasons for such barment in Item 12.   |     |    | (2) YOUR WORK WAS NOT SATISFACTORY?  |     | X  |
|  |     |    | C. HAVE YOU BEEN DISCHARGED FROM THE ARMED SERVICES UNDER OTHER THAN HONORABLE CONDITIONS?   |     | X  |
|  |     |    | If your answer to A, B, or C is "Yes," give details in Item 12 as clearly as you can remember, including the name and address of employer, approximate date, and reasons in each case. |     |    |

12. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply.)

| ITEM NO | ANSWER | ITEM NO | ANSWER |
|---------|--------|---------|--------|
| 1       |        | 1       |        |
| 2       |        | 2       |        |
| 3       |        | 3       |        |
| 4       |        | 4       |        |
| 5       |        | 5       |        |
| 6       |        | 6       |        |
| 7       |        | 7       |        |
| 8       |        | 8       |        |
| 9       |        | 9       |        |
| 10      |        | 10      |        |
| 11      |        | 11      |        |
| 12      |        | 12      |        |

**INSTRUCTIONS TO APPOINTING OFFICER.**—You must determine that this appointment would be in accordance with the Civil Service Act, applicable Civil Service Rules and Regulations, and acts of Congress pertaining to appointment. This form should be checked for holding of office, pension, any record of recent discharge or arrest, age, citizenship, and members of family. Also, to establish the identity of the appointee, you should particularly check (1) his signature and handwriting against the application and/or other pertinent papers and (2) his physical appearance against the medical certificate.



STATEMENT OF PRIOR FEDERAL AND MILITARY SERVICE  
AND DETERMINATION OF COMPETITIVE STATUS

**IMPORTANT:** The information on this form will be used (1) in determining creditable service for leave purposes and retention credits for reduction in force, and (2) in recording agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.

PART I.—EMPLOYEE'S STATEMENT

PART II—THIS COLUMN IS  
FOR PERSONNEL OFFICE USE

1. NAME (Last, first, middle initial)

2. DATE OF BIRTH

Piccolo, Joseph S.

5 DEC 1935

3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.)

| NAME AND LOCATION OF AGENCY                         | FROM— |       |     | TO—  |       |     | TYPE OF APPOINTMENT IF KNOWN |
|---|-------|-------|-----|------|-------|-----|------------------------------|
|   | YEAR  | MONTH | DAY | YEAR | MONTH | DAY |                              |
| FEDERAL BUREAU OF INVESTIGATION<br>WASHINGTON, D.C. | 1953  | AUG   | 3   | 1955 | JAN   | 9   | CLERICAL                     |

4. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE"

| BRANCH | FROM— |       |     | TO—  |       |     | DISCHARGE (Hon or dishon.?) |
|--------|-------|-------|-----|------|-------|-----|-----------------------------|
|        | YEAR  | MONTH | DAY | YEAR | MONTH | DAY |                             |
| NONE   |       |       |     |      |       |     |                             |

5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, EXCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? ☐ YES ☒ NO  
IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.

| TYPE OF ABSENCE (LWOP, Paid, Susp, AWOL, Not Mat) | FROM— |       |     | TO—  |       |     | TOTAL |        |      |
|---|-------|-------|-----|------|-------|-----|-------|--------|------|
|   | YEAR  | MONTH | DAY | YEAR | MONTH | DAY | YEARS | MONTHS | DAYS |
|   |       |       |     |      |       |     |       |        |      |

6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS?

☐ YES ☒ NO

(If answer is "Yes," in what agency were you employed at the time status was acquired?)

7. ARE YOU:

A. THE WIFE OF A DISABLED VETERAN? ☐ YES ☒ NO

B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? ☐ YES ☒ NO

C. THE WIDOW OF A VETERAN? ☐ YES ☒ NO

8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS.

I swear (or affirm) that the above statements are true to the best of my knowledge and belief.

4 FEB 1957

(DATE)

Joseph S. Piccolo

(SIGNATURE)

Subscribed and sworn to before me on this 4th day of Feb

(MONTH)

1957

(YEAR)

at Washington, D.C.

(LOCATION)

(CITY)

SEAL

NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown

INSTRUCTIONS: Fill this form on the permanent side of the employee's official personnel folder immediately before or after the personnel action involved.

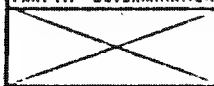
(OVER)



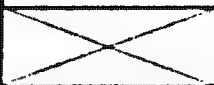
**Part III.— DETERMINATION OF COMPETITIVE STATUS.** (Complete for noncompetitive hires based on competitive status as required by instructions in FPM Chapter 51.) Employee has a competitive status. This determination is based upon the following evidence:

| NAME OF AGENCY | SIGNATURE AND OFFICIAL TITLE | DATE |
|----------------|------------------------------|------|
|                |                              |      |
|                |                              |      |
|                |                              |      |
|                |                              |      |

**PART IV.— DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR LEAVE PURPOSES**

|  | TOTAL SERVICE<br>(Item 12) | NONCREDITABLE SERVICE<br>(Item 13) | CREDITABLE SERVICE<br>(Leave Purposes) | ENTRANCE ON DUTY DATE<br>(Present Agency) | LESS CREDITABLE SERVICE<br>(Leave Purposes) | SERVICE COMPUTATION DATE<br>(Leave Purposes) |
|--|----------------------------|------------------------------------|--|---|---|--|
| Years  |                            |                                    | 17 1/2                                 | 10/1/54                                   | 2   | 15   |
| Months   |                            |                                    | 6                                      | 1   | 1   | 5  |
| Days   |                            |                                    | 1                                      | 1   | 1   | 1  |

**PART V.— DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR REDUCTION IN FORCE PURPOSES.** (Complete only in those cases when the amount of creditable service for reduction in force purposes differs from the amount creditable for leave purposes.)

|  | TOTAL SERVICE<br>(Item 12) | NONCREDITABLE SERVICE<br>(Item 14) | CREDITABLE SERVICE<br>(RIF Purposes) | ENTRANCE ON DUTY DATE<br>(Present Agency) | LESS CREDITABLE SERVICE<br>(RIF Purposes) | SERVICE COMPUTATION DATE<br>(RIF Purposes) |
|---|----------------------------|------------------------------------|--------------------------------------|---|---|--|
| Years   |                            |                                    |                                      |   |   |  |
| Months  |                            |                                    |                                      |   |   |  |
| Days  |                            |                                    |                                      |   |   |  |

\* Enter as the "Service Computation Date" on the employee's "Service Record Card," SF 7

22-54443-1



CONFIDENTIAL  
(When Filled In)

Date 4 February 1957

Dear Mr. Piccolos:

1. This is to notify you that the United States Government, as represented by the Central Intelligence Agency, has accepted your employment effective 4 February 1957.

Position: File Clerk

Base Salary: \$3415.00 per annum

2. You will be entitled to receive annual and sick leave, retirement coverage and such other employee benefits as may be provided by Agency regulations or applicable Federal laws and regulations.

3. As a condition of your employment by the Central Intelligence Agency, you are subject to assignment to tours of duty at posts outside the continental United States. Each time you are so assigned, the duration of the tour of duty will be prescribed in advance and will normally consist of a period of 24 months. You will be required to serve the prescribed period of the overseas tour of duty from the date of arrival at your overseas post of duty unless this tour is sooner terminated by the Government for its convenience or it is terminated for circumstances that are considered by the Agency to be beyond your control.

4. If you terminate your assignment at an overseas post of duty for reasons within your control in less than 12 months from the date of arrival at the overseas post of duty, it is understood and agreed that you will be liable for reimbursing CIA for all travel expenses, including storage and per diem, incurred by the Government in the transportation of yourself, your dependents, household effects and automobile to your overseas post of duty, and you will pay all return travel and transportation expenses to the United States.

5. It is further understood and agreed that if you terminate your overseas assignment for reasons within your control subsequent to the twelfth month but prior to the completion of your prescribed tour of duty, you will pay all return expenses for the travel and transportation of yourself, your dependents, household effects and automobile to the United States.

6. If you wish to return to the United States for personal reasons during your overseas tour of duty, all travel and transportation costs incident to such return will be borne by you, with no expense to the Government.



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7. Your employment is conditioned upon satisfactory completion of the training courses prescribed by CIA and satisfactory performance of duty for a total period of 12 months from the date of employment. In the event either training or performance of duty is deemed unsatisfactory by CIA, you will be considered for other types of available employment for which you are suited, or your employment will be terminated.

8. Your appointment is for such time as your services may be required and available funds permit.

Office of Personnel

I accept the above agreement as a condition of my employment by CIA.

Joseph A. Piccolo  
(Employee)

4 February 1957  
(Date)

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(When Filled In)

MEMORANDUM OF UNDERSTANDING  
REGARDING MILITARY SERVICE OBLIGATION

I understand that in accepting a position with the Central Intelligence Agency while subject to induction into the Armed Forces under the Selective Service Act, I cannot and will not expect deferment from such military service by virtue of my employment with the Central Intelligence Agency.

SIGNED

Joseph D. Rector

WITNESS

George Rector

DATE

31 May 57

FORM NO. 278  
1 OCT 56

CONFIDENTIAL

(12)



☐ SECRET☐ CONFIDENTIAL☐ INTERNAL USE ONLY☐ UNCLASSIFIED

| REQUEST FOR MEDICAL EVALUATION  |  |               |           | DATE                               |         | APPLICANT HAS APPLICANT PREVIOUSLY BEEN                              |  |
|---|--|---------------|-----------|------------------------------------|---------|--|--|
| DEPENDENT ARE ALL RE COMPLETED BY OMS   |  |               |           | 6 Sep 77                           |         | SEEN BY OMS <input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| NAME (Last, First, Middle)  |  |               |           | CHART NO                           |         | DATE OF BIRTH  |  |
| Piccolo, Joseph S.  |  |               |           | 012424                             |         | 8 Dec 35   |  |
| GRADE   |  |               |           | EMP NO                             |         | SEX  |  |
| GS-13 A11   |  |               |           | 6348                               |         | M  |  |
| DIRECTORATE/OFFICE DIVISION   |  |               |           | POSITION TITLE                     |         |  |  |
| DIO/CI/OG/SO  |  |               |           | Operations Officer                 |         |  |  |
| COMPLETE 13-19 FOR EACH DEPENDENT TO ACCOMPANY OR RETURN WITH EMPLOYEE ONLY IF 2 IS CHECKED "DEPENDENT"   |  |               |           |                                    |         |  |  |
| 13 DEPENDENT NAME (L F M)   |  | 14 SOC SEC NO |           | 15 CHART NO                        |         | 16 DOB (MM/YY)   |  |
|   |  |               |           |                                    |         |  |  |
|   |  |               |           |                                    |         |  |  |
|   |  |               |           |                                    |         |  |  |
|   |  |               |           |                                    |         |  |  |
|   |  |               |           |                                    |         |  |  |
| 20 REQUESTED ACTION (more than one action is acceptable)  |  |               |           |                                    |         |  |  |
| APPLICANT: <input type="checkbox"/> PRE EMPLOYMENT <input type="checkbox"/> EOD   |  |               |           |                                    |         |  |  |
| ASSIGNMENTS: <input type="checkbox"/> O/S PCS <input type="checkbox"/> STATION <input type="checkbox"/> ETD ETA, (MM/YY) <input type="checkbox"/> NO OF DEPENDENTS TO ACCOMPANY ON RETURN |  |               |           |                                    |         |  |  |
| <input type="checkbox"/> O/S TDY <input type="checkbox"/> TYPE COVER <input type="checkbox"/> POSITION  |  |               |           |                                    |         |  |  |
| <input checked="" type="checkbox"/> O/S RETURNEE <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> OTHER (MM/YY)   |  |               |           |                                    |         |  |  |
| <input checked="" type="checkbox"/> O/S TDY STANDBY <input type="checkbox"/> RETURN TO DUTY   |  |               |           |                                    |         |  |  |
| <input type="checkbox"/> O/S PLANNING <input type="checkbox"/> SPECIAL TRAINING   |  |               |           |                                    |         |  |  |
| SEPARATION: <input type="checkbox"/> RETIREMENT <input type="checkbox"/> MORICIARDS <input type="checkbox"/> MOR CSC  |  |               |           |                                    |         |  |  |
| ROUTINE: <input type="checkbox"/> REGULAR ANNUAL <input type="checkbox"/> EXECUTIVE ANNUAL <input type="checkbox"/> MPT/PHE   |  |               |           |                                    |         |  |  |
| 21 COMMENTS   |  |               |           |                                    |         |  |  |
|   |  |               |           |                                    |         |  |  |
| 22 REQUESTING DIRECTORATE/OFFICE/DIV  |  |               |           |                                    |         |  |  |
| DDO/PCS/CSS/Pers  |  |               |           |                                    |         |  |  |
| 23 ROOM BLDG  |  |               |           |                                    |         |  |  |
| 2C43  |  |               |           |                                    |         |  |  |
| 24 EXTENSION  |  |               |           |                                    |         |  |  |
| 4013  |  |               |           |                                    |         |  |  |
| FOR OMS USE ONLY  |  |               |           |                                    |         |  |  |
| FOR APPLICANTS  |  |               |           | COMMENTS                           |         |  |  |
| <input type="checkbox"/> APPROVE PROCESSING FOR EOD   |  |               |           | 01/21/97 - 0320<br>21/11/97 - 1000 |         |  |  |
| <input type="checkbox"/> HOLD PENDING RECEIPT OF ADDITIONAL MEDICAL (MS OPERATIONAL) (F-044 01/197 01/20/97)  |  |               |           |                                    |         |  |  |
| <input type="checkbox"/> REQUEST PRE EMP MEDICAL EVALUATION   |  |               |           |                                    |         |  |  |
| <input type="checkbox"/> OTHER (SEE COMMENTS)   |  |               |           |                                    |         |  |  |
| DATE  |  |               |           | OMS SIGNATURE                      |         |  |  |
| FOR OTHER ACTIONS   |  |               |           |                                    |         |  |  |
| REQUESTED ACTION  |  | QUAL          | COND QUAL | DEFER                              | DISQUAL | COMMENTS   |  |
| TDY STDBY   |  | XX            |           |                                    |         | Expires 1 October 1979.  |  |
|   |  |               |           |                                    |         | 9 November 1977  |  |
|   |  |               |           |                                    |         | OMS/PEO  |  |
|   |  |               |           |                                    |         | DATE   |  |
|   |  |               |           |                                    |         | OMS SIGNATURE  |  |
| UNCLASSIFIED <input type="checkbox"/> INTERNAL USE ONLY <input type="checkbox"/> CONFIDENTIAL <input type="checkbox"/> SECRET <input type="checkbox"/>                                    |  |               |           |                                    |         |  |  |



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| REQUEST FOR MEDICAL EVALUATION  |                  |                                |              | 1 REQUEST DATE (MM/DD/YY)                    | 2               | APPLICANT HAS APPLICANT PREVIOUSLY BEEN<br>SEEN BY DMS <input type="checkbox"/> YES <input type="checkbox"/> NO |  |
|---|------------------|--------------------------------|--------------|--|-----------------|---|--|
|   |                  |                                |              | 11/27/77 25 Feb 77                           |                 | <input checked="" type="checkbox"/> DEPENDENT <input type="checkbox"/> EMPLOYEE                                 |  |
| 3 NAME (Last First Middle)  |                  |                                |              | 4 SOCIAL SECURITY NO                         | 5 (MM/DD/YY)    | 7 SEX   |  |
| Piccolo, Joseph S.  |                  |                                |              |  | 8 Dec 35        | M   |  |
| 6 GRADE   | 9 AFFILIATION CG | 10 DIRECTORATE OFFICE/DIVISION | 11 EMP NO    | 12 ASSIGNMENT TITLE                          |                 |   |  |
| GS-13   | A11              | DDO/LA/Hqs                     | 7350         | Operations Officer                           |                 |   |  |
| 13 COMPLETE 13-15 FOR EACH DEPENDENT TO ACCOMPANY OR RETURN WITH EMPLOYEE ONLY IF 7 IS CHECKED DEPENDENT(S) |                  |                                |              | 15 DEPENDENT PREVIOUSLY SEEN BY DMS (yes/no) |                 |   |  |
| 13 DEPENDENT NAME (L F M)   |                  | 14 SOC REG NO                  | 15 DOD (PMY) | 16 SEX                                       | 17 RELATIONSHIP | 18  |  |
|   |                  |                                |              | F  | Wife            | Yes   |  |
|   |                  |                                |              | F  | Dau             | Yes   |  |
|   |                  |                                |              | F  | Dau             | Yes   |  |
| 20 REQUESTED ACTION (more than one action is acceptable)  |                  |                                |              |  |                 |   |  |
| APPLICANT   |                  | PHE EMPLOYMENT                 |              | EOD  |                 |   |  |
| X   |                  | O/S PCS                        |              | STATION                                      |                 | 21 LTN/ETA (MM/YY)  |  |
|   |                  | O/S TOY                        |              | TYPE COVER                                   |                 | 25 Jul 77 Three   |  |
| ASSIGNMENTS   |                  | O/S RETURNEE                   |              | FITNESS FOR DUTY                             |                 | OTHER (specify)   |  |
|   |                  | O/S TOY STANDBY                |              | RETURN TO DUTY                               |                 |   |  |
|   |                  | O/S PLANNING                   |              | SPECIAL TRAINING                             |                 |   |  |
| SEPARATION  |                  | RETIREMENT                     |              | MOR/CARDS                                    |                 | MOR/C/C   |  |
| ROUTINE   |                  | REGULAR ANNUAL                 |              | EXECUTIVE ANNUAL                             |                 | MPT/PHE   |  |
| 21 COMMENTS   |                  |                                |              |  |                 |   |  |
| Please schedule physicals   |                  |                                |              |  |                 |   |  |
| 22 REQUESTING DIRECTORATE OFFICE/UNIT   |                  |                                |              | 23 ROOM/BLDG                                 | 24 EXTENSION    | 25 SIGNATURE OF REQUESTING OFFICER  |  |
| DDO/LA/Pers   |                  |                                |              | 3D-3113 Hqs.                                 | 7350            |   |  |
| FOR APPLICANTS  |                  |                                |              | FOR DMS USE ONLY                             |                 |   |  |
| APPROVE PROCESSING FOR EOD  |                  |                                |              | COMMENTS                                     |                 |   |  |
| HOLD PENDING RECEIPT OF ADDITIONAL MEDICAL INFORMATION (Form letter attached)                               |                  |                                |              |  |                 |   |  |
| REQUEST PRE EMP MEDICAL EVALUATION  |                  |                                |              |  |                 |   |  |
| OTHER (specify)   |                  |                                |              | DATE   |                 |   |  |
| DATE  |                  |                                |              | DMS SIGNATURE                                |                 |   |  |
| FOR OTHER ACTIONS   |                  |                                |              | COMMENTS                                     |                 |   |  |
| REQUESTED ACTION  | QUAL             | COND QUAL                      | DEFER        | DISQUAL                                      |                 |   |  |
|   |                  |                                |              |  |                 |   |  |
|   |                  |                                |              |  |                 |   |  |
|   |                  |                                |              |  |                 |   |  |
|   |                  |                                |              |  |                 |   |  |
| 26 RESPONSIBILITY CODE  |                  |                                |              | 27 SEPARATION FACILITY                       |                 |   |  |
| DATE  |                  |                                |              | DMS SIGNATURE                                |                 |   |  |
| UNCLASSIFIED  |                  |                                |              | INTERNAL USE ONLY                            |                 |   |  |
| CONFIDENTIAL  |                  |                                |              | SECRET                                       |                 |   |  |
| 11/27/77  |                  |                                |              | 11/27/77                                     |                 |   |  |

FORM 2698 (Rev. 11/77) (GPO: 1977-0-250-000)

11/27/77 000062

3 OMS



(18 Aug 1964)

## 11 DATE OF REQUEST

2.  $\mathbb{R}^n$  is a vector space over  $\mathbb{R}$ .

3 POSITION TITLE

4 GRADE

Ops Officer

**GS-12**

OFFICE DIVISION PAGE 14

16 EMPLOYER & EAT.

## 7. PURPOSE OF EVALUATION

NDUS/TDY

☐ OVERSEAS ASSIGNMENT

810

## STATION

**BUY ON PCS**

**TYPE OF COVER**

NO OF DEPENDENTS TO ACCOMPANY

NO OF DEFENDENTS REPORTS OF MEDICAL HISTORY ATTACHED

**RETURN FROM OVERSEAS**

ETÄ

29 Sept 73

## STATION

NO OF DEF.

N OVERSEAS PLANNING EVALUATION (Info blw. b count. to be used)

0 REQUESTING OFFICER

1 - YES

7-1 PG

**LA/TRE**

3034 Hqs

5671

1) 1.2.1992

1. 1924 27 (17 2. 4. 2. 4. 1. 1. 1.)

Returnee Exam Completed. Qualified for TDY Standby  
until 1 October 1977.

1494

10 March 1976

015/020

239

**SECRET**

• 301



**SECRET**

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 1. NAME (Last, First, Middle)<br><b>Piccolo, Joseph S.</b>   |  | 2. DATE OF BIRTH<br><b>12/02/35</b>  |  | 3. GRADE<br><b>GS-13</b>                           |  |
| 4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment)<br><b>DDO/WH/</b>   |  | 5. PRESENT POSITION<br><b>Ops Officer</b>                                    |  | 6. EMPLOYEE EXTENSION<br><b>5671</b>               |  |
| 7. PROPOSED STATION<br><b></b>   |  | 8. PROPOSED POSITION (Title, Number, Grade)<br><b>Ops Officer 0306 GS-13</b> |  |  |  |
| 9. TYPE OF COVER AT NEW STATION<br><b></b>   |  | 10. ESTIMATED DATE OF DEPARTURE<br><b>09/10/73</b>                           |  | 11. NO. OF DEPENDENTS TO ACCOMPANY<br><b>three</b> |  |
| 12. COMMENTS<br><br><b>Physicals to be taken in the field.</b><br><br><div style="text-align: right;"><b>DDO/fm</b></div>  |  |  |  |  |  |
| 13. DATE OF REQUEST<br><b>18 May 1973</b>  |  | 14. ROOM NUMBER AND BUILDING<br><b>3D 5317 Hqs</b>                           |  | 15. EXTENSION<br><b>5671</b>                       |  |
| 17. OFFICE OF MEDICAL SERVICES DISPOSITION<br><br><div style="text-align: right;">1</div>  |  |  |  |  |  |
| 18. OFFICE OF SECURITY DISPOSITION   |  |  |  |  |  |
| 19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION<br><div style="text-align: right;"><b>24 AUG 1973</b></div> <div style="text-align: center;"><b>QUALIFIED FOR PROPOSED ASSIGNMENT OVERSEAS</b><br/><i>[Signature]</i><br/><b>Chairman, Overseas Candidate Review Panel</b></div> |  |  |  |  |  |
| <b>REQUEST FOR PCS OVERSEAS EVALUATION</b>   |  |  |  |  |  |



SECRET

(When Filled In)

REQUEST FOR MEDICAL EVALUATION

1. DATE OF REQUEST

18 May 1973

2. NAME (Last, First, Middle)

Piccolo, Joseph S. (dependent of)

3. POSITION TITLE

Ops Officer

4. GRADE

GS-13

5. OFFICE DIVISION BRANCH

DDO/WII

6. EMPLOYEE'S EXT.

\*\*\*\*\*

7. PURPOSE OF EVALUATION

☐ PRE-EMPLOYMENT

☐ ENTRANCE ON DUTY

☐ TDY STANDBY

☐ SPECIAL TRAINING

☐ ANNUAL

☐ RETURN TO DUTY

☐ FITNESS FOR DUTY

☐ MEDICAL RETIREMENT

☐ HDQS/TDY

☒ OVERSEAS ASSIGNMENT

|  |
|--|
| ETD  |
| 09/10/73   |
| STATION  |
| TDY OR PCS   |
| PCS  |
| TYPE OF COVER  |
| NO. OF DEPENDENTS TO ACCOMPANY                         |
| three  |
| NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED |
| none   |

☐ RETURN FROM OVERSEAS

|               |
|---------------|
| ETA           |
| STATION       |
| NO. OF DEP. S |

8. OVERSEAS PLANNING EVALUATION (Use block need be checked)

☐ YES

☐ NO

9. REQUESTING OFFICER

SIGNATURE

ROOM NO. & BUILDING

3D 5317 Hqs

EXT

5HHX 5671

10. COMMENTS

|                    |
|--------------------|
| WIFR<br>Dau<br>Dau |
|--------------------|

WIFR  
Dau  
Dau

Physicals to be taken in the field.

11. REPORT OF EVALUATION

QUALIFIED FOR OR PCS

18 19 73

DATE

|  |
|--|
|  |
|--|

Signature for use in medical staff



**CONFIDENTIAL**

|  |   |   |
|--|---|---|
| <b>REQUEST FOR PRE-EMPLOYMENT MEDICAL EVALUATION</b>   |   | DATE<br><b>21 August 1956</b>   |
| 1. NAME (Last) (First) (Middle)<br><b>PICCOLO, JOSEPH STEPHAN</b>  |   | 3. SUSPENSE DATE (10 WORKING DAYS)  |
| 4. ORGANIZATIONAL ASSIGNMENT<br><b>DDP/FI/RI</b>   | 5. POSITION TITLE (and grade)<br><b>File Clerk GS-4</b> | 6. PERSONNEL DIVISION<br><input checked="" type="checkbox"/> Civil <input type="checkbox"/> Coast |
| 7. THE MEDICAL OFFICE IS REQUESTED TO CHECK THE DESIRED ACTION, RETURNING THE ORIGINAL COPY OF THIS FORM TO THE APPROPRIATE PERSONNEL DIVISION NO LATER THAN THE SUSPENSE DATE INDICATED IN ITEM NO. 3.  |   |   |
| A <input type="checkbox"/> Approve processing for E.O.B.    B <input type="checkbox"/> Hold pending receipt of additional medical information (Form letters attached)    C <input checked="" type="checkbox"/> Request pre-employment medical examination<br>D <input type="checkbox"/> Rejected for medical reasons |   |   |
| 8. Remarks: <b>(8/30/56)</b><br><b>Please have subject come in any day of the week except Mon. &amp; Wed. at 8:30.</b>   |   |   |
| <i>Re med 9/17 at 8:30 per med 9/13/56</i>   |   | <div style="border: 1px solid black; height: 40px; width: 100%;"></div>                           |
| SIGNATURE FOR MEDICAL OFFICE   |   |   |

FORM NO. 570 REPLACES FORM 37-183  
1 MAR 55 WHICH MAY BE USED.

**CONFIDENTIAL**

(4)



SECRET  
(When Filled In)

12424

# MEDICAL ACTION REQUEST AND REPORT

|  |  |  |  |
|--|--|--|--|
| I REQUEST FOR PHYSICAL EXAMINATION BY  |  |  |  |
| 1. NAME (Last)   |  | (First)  |  |
| PICCOLO, Joseph S.   |  |  |  |
| 2. DATE  |  | 3. GRADE   |  |
| 13 September 57  |  | GS-4   |  |
| 4. TO POSITION   |  | 5. OFFICE, DIVISION, BRANCH  |  |
| File Clerk   |  | DDF/WI/III   |  |
| 6. TYPE OF POSITION  |  | 7. EVALUATE FOR  |  |
| <input type="checkbox"/> Departmental<br><input type="checkbox"/> U.S. Field<br><input checked="" type="checkbox"/> Overseas |  | <input type="checkbox"/> EOD<br><input checked="" type="checkbox"/> Overseas <i>Pes</i><br><input type="checkbox"/> Returnee<br><input type="checkbox"/> Pre-Employment<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Special (Specify) |  |
| II REPORT OF MEDICAL EVALUATION  |  |  |  |
| <input type="checkbox"/> Qualified for Full Duty (General)<br><input type="checkbox"/> Qualified for Departmental Duty Only  |  | <input type="checkbox"/> Qualified for Full Duty (Special)<br><input type="checkbox"/> Disqualified  |  |
| Remarks  |  |  |  |
| QUALIFIED FOR PROTECTED PES UP TO 100%<br>OCT 4 1957   |  |  |  |

SECRET



**SECRET**  
(When Filled In)

| MEDICAL ACTION REQUEST AND REPORT  |   |   |                                       |
|--|---|---|---------------------------------------|
| <b>I REQUEST FOR PHYSICAL EXAMINATION BY</b>   |   |   |                                       |
| 1. NAME (Last)<br><b>Piccolo,</b>  | (First)<br><b>Joseph</b>  | (Middle)<br><b>Stephen</b>  | 2. DATE<br><b>17 September, 1956.</b> |
| 3. TO POSITION<br><b>File Clerk</b>  | 4. OFFICE, DIVISION, BRANCH<br><b>DNP/FI</b>  |   | 5. GRADE<br><b>GS-4</b>               |
| 6. TYPE OF POSITION<br><br><input type="checkbox"/> Departmental<br><input type="checkbox"/> U.S. Field<br><input type="checkbox"/> Overseas | 7. EVALUATE FOR<br><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> EOD<br/> <input type="checkbox"/> Overseas<br/> <input type="checkbox"/> Returnee           </div> <div> <input checked="" type="checkbox"/> Pre-Employment<br/> <input type="checkbox"/> Annual<br/> <input type="checkbox"/> Special (Specify)           </div> </div> |   |                                       |
| <b>II REPORT OF MEDICAL EVALUATION</b>   |   |   |                                       |
| <input type="checkbox"/> Qualified for Full Duty (General)<br><input type="checkbox"/> Qualified for Departmental Duty Only                  |   | <input type="checkbox"/> Qualified for Full Duty (Special)<br><input type="checkbox"/> Disqualified |                                       |
| Remarks: <b>Subject is qualified for Full Duty/General. (1/24/57)<br/>Must be re-evaluated prior to any specific o/s assignment.</b>         |   |   |                                       |
|  |   |   |                                       |

**SECRET**



(WHEN FILLED IN)

|  |  |                             |   |               |   |          |     |               |          |                        |          |   |    |                                |    |                       |  |   |   |   |   |   |     |      |
|--|--|-----------------------------|---|---------------|---|----------|-----|---------------|----------|------------------------|----------|---|----|--------------------------------|----|-----------------------|--|---|---|---|---|---|-----|------|
| EMPLOYEE NO. 1.  |  | NAME (LAST-FIRST-MIDDLE) 2. |   |               |   |          |     |               |          |                        |          | 5. TYPE CHANGE  |    | 4. LANGUAGE DATA PRIOR TO TEST |    |                       |  |   |   |   |   |   |     |      |
|  |  | PICCOLO, JOSEPH JR.         |   |               |   |          |     |               |          |                        |          | A=ADD<br>C=CHANGE<br>D=DELETE   |    | CODE                           |    | LAN. CODE             |  | R | W | P | S | U | I/T | YEAR |
| 3. LANGUAGE DATA AFTER TEST  |  |                             |   |               |   |          |     |               |          | 6. DATE TESTED         |          | 7. DATE OF BIRTH  |    | 8. GRADE                       |    | 9. OFFICE OR DIVISION |  |   |   |   |   |   |     |      |
| LAN. CODE  |  | R                           | W | P             | S | U        | I/T | YEAR          | 03/04/69 |                        | 12/08/35 |   | 12 |                                | WH |                       |  |   |   |   |   |   |     |      |
| NOTICE TO PERSON TESTED  |  |                             |   |               |   |          |     |               |          |                        |          |   |    |                                |    |                       |  |   |   |   |   |   |     |      |
| 10. ON THE DATE SHOWN IN ITEM 6 ABOVE, YOU WERE TESTED IN <u>SPANISH (NEW WORLD)</u> FILE # <u>8118</u><br>AND YOUR TEST SCORES ARE AS FOLLOWS: (NAME OF LANGUAGE) |  |                             |   |               |   |          |     |               |          |                        |          |   |    |                                |    |                       |  |   |   |   |   |   |     |      |
| READING  |  | WRITING                     |   | PRONUNCIATION |   | SPEAKING |     | UNDERSTANDING |          | TEST RATINGS           |          | 0 = ZERO 1 = INTERMEDIATE<br>3 = SLIGHT 4 = HIGH<br>5 = ELEMENTARY N = NATIVE |    |                                |    |                       |  |   |   |   |   |   |     |      |
| I  |  | GOOD                        |   | I             |   | I        |     | I +           |          |                        |          |   |    |                                |    |                       |  |   |   |   |   |   |     |      |
| 11. REMARKS  |  |                             |   |               |   |          |     |               |          | 12. SIGNATURE          |          |   |    |                                |    |                       |  |   |   |   |   |   |     |      |
| FOR<br>QUALIFICATIONS<br>DATE 17 MAR 1969  |  |                             |   |               |   |          |     |               |          | kas                    |          |   |    |                                |    |                       |  |   |   |   |   |   |     |      |
|  |  |                             |   |               |   |          |     |               |          | 13. LD NUMBER<br>16565 |          |   |    |                                |    |                       |  |   |   |   |   |   |     |      |

(10-45)

**SÈCRET**

**GROUP 1**  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

1 - OP/QAB

|                             |   |   |   |   |   |   |    |    |    |                 |  |  |  |  |  |
|-----------------------------|---|---|---|---|---|---|----|----|----|-----------------|--|--|--|--|--|
| 6. LANGUAGE DATA AFTER TEST |   |   |   |   |   |   |    |    |    | 7. DATE OF TEST |  |  |  | DATA FOR ITEM 2 THRU 7 IS<br>EXTRACTED FROM FORM 1273-<br>LANGUAGE PROFICIENCY<br>AWARDS DATA. |  |
| BASE CODE                   | R | W | P | S | U | T | YR | MO | DA | YR              |  |  |  |  |  |
| BL18                        | 1 | 3 | 1 | 1 | 1 | 4 | 69 | 03 | 04 | 69              |  |  |  |  |  |

[illegible]

1962a

**SECRET**

100-443887-79

10:314



(WASH DILLARD INC)

| QUALIFICATIONS SYSTEM RECORD CHANGE |    |                        |               |         |    |  |  |  |  |
|-------------------------------------|----|------------------------|---------------|---------|----|--|--|--|--|
| APPLICANT CODING DATA               |    |                        |               |         |    |  |  |  |  |
| 1. ID                               |    | 2. APPL. NO.           |               | 3. NAME |    |  |  |  |  |
| 6-DIGITS                            |    | MUST CONTAIN 20-DIGITS |               |         |    |  |  |  |  |
| 4. DATE OF BIRTH                    |    |                        | 5. DATE CODED |         |    | THE DATA ABOVE (ITEMS 2 THRU 5) WILL BE FILLED IN WHEN CODING AN APPLICANT FOR THE FIRST TIME. THIS FORM IS THEN ATTACHED TO FORM 1962, MASTER QUALIFICATIONS CODING RECORD. |  |  |  |
| MO                                  | DA | YR                     | MO            | DA      | YR |  |  |  |  |

| LANGUAGE CODING DATA - FORM 444c |  |                  |  |  |  |                       |  |   |   |   |   |   |   |    |
|----------------------------------|--|------------------|--|--|--|-----------------------|--|---|---|---|---|---|---|----|
| 1. ID                            |  | 2. EMPLOYEE NO.  |  | 3. NAME  |  | 4. LANGUAGE DATA CODE |  |   |   |   |   |   |   |    |
| ◁ 3 •                            |  | •                |  | • 3-LETTERS  |  | • BASE CODE           |  | R | W | P | S | U | T | YR |
| 5. DATE SUBMITTED                |  | 6. DATE OF BIRTH |  | WHEN FORM 444c DENOTES NO LANGUAGE COMPETENCE, ENTER THE FOLLOWING IN ITEM 4: "NO++LANGUAGE" (12-DIGITS) |  |                       |  |   |   |   |   |   |   |    |
| MO DA YR                         |  | MO DA YR         |  |  |  |                       |  |   |   |   |   |   |   |    |
| •                                |  | •                |  |  |  |                       |  |   |   |   |   |   |   |    |

| LANGUAGE PROFICIENCY TEST DATA |                |           |         |                              |   |   |   |                           |   |    |    |    |    |                                       |  |
|--------------------------------|----------------|-----------|---------|------------------------------|---|---|---|---------------------------|---|----|----|----|----|---------------------------------------|--|
| 1. ID                          | 2. EMPLOYEE NO | 3. NAME   | 4. CODE | 5. LANGUAGE DATA BEFORE TEST |   |   |   |                           |   |    |    |    |    |                                       |  |
|                                |                | 3-LETTERS | C-A-D   | BASE CODE                    | R | W | P | S                         | U | T  | YR |    |    |                                       |  |
| <5                             | 025658         | PIC       | A       | BL31                         | i | + | i | E                         | H | +  | 7  |    |    |                                       |  |
| 6. LANGUAGE DATA AFTER TEST    |                |           |         | 7. DATE OF TEST              |   |   |   | DATA FOR ITEM 2 THRU 7 IS |   |    |    |    |    |                                       |  |
| BASE CODE                      |                |           |         | R                            | W | P | S | U                         | T | YR | MO | DA | YR | EXTRACTED FROM FORM 1273              |  |
| +++++                          |                |           |         | +                            | + | + | + | +                         | + | ++ | 04 | 17 | 17 | LANGUAGE PROFICIENCY AND AWARDS DATA. |  |

[illegible]

14-00000



(WHEN FILLED IN)

| QUALIFICATIONS SYSTEM RECORD CHANGE |               |                        |    |    |    |  |  |  |  |
|-------------------------------------|---------------|------------------------|----|----|----|--|--|--|--|
| APPLICANT CODING DATA               |               |                        |    |    |    |  |  |  |  |
| 1. ID                               | 2. APPL. NO.  | 3. NAME                |    |    |    |  |  |  |  |
| 6-DIGITS                            |               | MUST CONTAIN 20-DIGITS |    |    |    |  |  |  |  |
| 4. DATE OF BIRTH                    | 5. DATE CODED |                        |    |    |    |  |  |  |  |
| MO                                  | DA            | YR                     | MO | DA | YR | THE DATA ABOVE (ITEMS 2 THRU 5) WILL BE FILLED IN WHEN CODING AN APPLICANT FOR THE FIRST TIME. THIS FORM IS THEN ATTACHED TO FORM 1962, MASTER QUALIFICATIONS CODING RECORD. |  |  |  |

| LANGUAGE CODING DATA - FORM 444c   |                      |                                   |                       |   |   |   |   |   |      |
|------------------------------------|----------------------|-----------------------------------|-----------------------|---|---|---|---|---|------|
| 1. ID<br>◁ 3 •                     | 2. EMPLOYEE NO.<br>• | 3. NAME<br>3-LETTERS<br>•         | 4. LANGUAGE DATA CODE |   |   |   |   |   |      |
|                                    |                      |                                   | BASE CODE<br>•        | R   | W | P | S | U | T YR |
| 5. DATE SUBMITTED<br>MO DA YR<br>• |                      | 6. DATE OF BIRTH<br>MO DA YR<br>• |                       | WHEN FORM 444c DENOTES NO LANGUAGE COMPETENCE, ENTER THE FOLLOWING IN ITEM 4: "NO+LANGUAGE" (12-DIGITS) |   |   |   |   |      |

| LANGUAGE PROFICIENCY TEST DATA |                 |           |         |                              |   |   |  |    |    |    |    |  |  |
|--------------------------------|-----------------|-----------|---------|------------------------------|---|---|--|----|----|----|----|--|--|
| 1. ID                          | 2. EMPLOYEE NO. | 3. NAME   | 4. CODE | 5. LANGUAGE DATA BEFORE TEST |   |   |  |    |    |    |    |  |  |
|                                |                 | 3-LETTERS | C-A-D   | BASE CODE                    | R | W | P  | S  | U  | T  | YR |  |  |
| 65                             | 025658          | PIC       | C       | BL18                         | 4 | 3 | 4  | 4  | 4  | 4  | 59 |  |  |
| 6. LANGUAGE DATA AFTER TEST    |                 |           |         | 7. DATE OF TEST              |   |   | DATA FOR ITEM 2 THRU 7 IS<br>EXTRACTED FROM FORM 1273,<br>LANGUAGE PROFICIENCY AND<br>AWARDS DATA. |    |    |    |    |  |  |
| BASE CODE                      | R               | W         | P       | S                            | U | T | YR   | MO | DA | YR |    |  |  |
| BL18                           | F               | 3         | I       | E                            | I | 4 | 68   | 04 | 09 | 68 |    |  |  |

[illegible]

06 JUN 1968 SECRET

**GROUP 1**

14-00000



**SECRET**  
(When Filled In)

**REPORT OF SERVICE ABROAD**

**TO:** Office of Personnel, Transactions and Records Branch, Status Section

| SERIAL NO.     | NAME               |                |        |
|----------------|--------------------|----------------|--------|
|                | LAST               | FIRST          | MIDDLE |
| 1-8<br>025 65K | (Print)<br>Piccolo | 7-28<br>Joseph | S.     |

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

**PCS DATES OF SERVICE**

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | CODE | O/P<br>USE<br>ONLY | COUNTRY | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |      |                    |         |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 1 - PCS (Basic)<br>3 - CORRECTION<br>5 - CANCELLATION | 37   | 38                 | 39      | 40-42 |
| 04          | 27    | 68    |               |       |       |   | 1    |                    |         | 525   |

**TDY DATES OF SERVICE**

| ARRIVAL O/S |       |       | DEPARTURE O/S |       |       | TYPE OF DATA  | CODE | O/P<br>USE<br>ONLY | AREA(S) | CODE  |
|-------------|-------|-------|---------------|-------|-------|---|------|--------------------|---------|-------|
| MONTH       | DAY   | YEAR  | MONTH         | DAY   | YEAR  |   |      |                    |         |       |
| 25-26       | 27-28 | 29-30 | 31-32         | 33-34 | 35-36 | 2 - TDY (Basic)<br>4 - CORRECTION<br>6 - CANCELLATION | 37   | 38                 | 39      | 40-42 |
|             |       |       |               |       |       |   |      |                    |         |       |

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

**SOURCE DOCUMENT AND CERTIFICATION**

|                 |                                     |   |
|-----------------|-------------------------------------|---|
| TRAVEL VOUCHER  | <input checked="" type="checkbox"/> | DISPATCH                                  |
| CABLE           |                                     | DUTY STATUS OR TIME AND ATTENDANCE REPORT |
| OTHER (Specify) |                                     |   |

|  |                      |
|--|----------------------|
| DOCUMENT IDENTIFICATION NO.<br>HNMT-1470 | DOCUMENT DATE/PERIOD |
|--|----------------------|

|         |
|---------|
| REMARKS |
|---------|

|  |   |   |
|--|---|---|
| PREPARED BY<br>SCD                                 | <input checked="" type="checkbox"/> REPORT SUBMITTED ON<br>CONTROL DOCUMENT | ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE<br>DOCUMENT CITED |
| C & S DIVISION CTR.                                | DATE<br>6/18/68   | SIGNATURE   |
| <input checked="" type="checkbox"/> C & T DIVISION |   |   |

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER



**SECRET**  
(When filled in)

**UIC**  
OFFICIAL USE ONLY (until filled in)

**QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT**

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS.

**SECTION I**

**BIOGRAPHIC AND POSITION DATA**

|                               |   |                                     |  |  |
|-------------------------------|---|-------------------------------------|--|--|
| 1 EMP SER NO<br><b>029696</b> | 2 NAME Last First Middle<br><b>PICCOLO JOSEPH S</b> | 3 SEX<br><b>M</b>                   | 4 DATE OF BIRTH<br><b>12/08/35</b>                       | 5 SCHEDULE GRADE/STEP<br><b>GS-11-04</b> |
| 6 SO<br><b>D</b>              | 7 POSITION TITLE<br><b>CPS OFFICER</b>              | 8 OFFICE OF ASSIGNMENT<br><b>WH</b> | 9 LOCATION (Country, City)<br><b>MEXICO CITY, MEXICO</b> |  |

**SECTION II**

**AGENCY OVERSEAS SERVICE**

| AREA   | TYPE TO, FROM | TO, FROM | TO, FROM |
|--|---------------|----------|----------|
| WESTERN HEMISPHERE<br>EUROPE<br>EUROPE<br>MEXICO | PCS 84        | 87/12/01 | 58/07/01 |
|  | TDY 91        | 85/04/13 | 69/08/11 |
|  | TDY           | 64/8/    | 64/10/   |
|  | TDY           | 64/11/   | 64/12/   |
|  | PCS           | 65/9/30  | 68/11/20 |

OVERSEAS DATA  
1 APR 1968  
FG

**SECTION III**

**EDUCATION**

| DEGREE      | DATES                              | CERTIFICATE                    | YEAR      |
|-------------|------------------------------------|--------------------------------|-----------|
| <b>USFS</b> | <b>NO COLLEGE DEGREE ON RECORD</b> |                                |           |
|             | <b>International Relations</b>     | <b>Continuation University</b> | <b>64</b> |

**SECRET**

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

**GROUP 1**



**SECRET**

When Filled In

| SECTION IV GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL |                               |                              |                       |                                   |        |       |                 |
|---|-------------------------------|------------------------------|-----------------------|-----------------------------------|--------|-------|-----------------|
| NAME OF REGION OR COUNTRY                               | TYPE OF SPECIALIZED KNOWLEDGE | DATES OF TRAVEL OR RESIDENCE | DATE & PLACE OF STUDY | EXPERIENCE ACQUIRED BY - CHECK IN |        |       |                 |
|   |                               |                              |                       | RES. DEVICE                       | TRAVEL | STUDY | WORK ASSIGNMENT |
|   |                               | 1957-58<br>1965-66           | N/A                   | X                                 |        |       | X               |
|   |                               |                              |                       |                                   |        |       |                 |
|   | None/Travelist                | 1965                         | N/A                   |                                   | X      |       | X               |
|   |                               |                              |                       |                                   |        |       |                 |
|   |                               |                              |                       |                                   |        |       |                 |
|   |                               |                              |                       |                                   |        |       |                 |
|   |                               |                              |                       |                                   |        |       |                 |
|   |                               |                              |                       |                                   |        |       |                 |
|   |                               |                              |                       |                                   |        |       |                 |

| SECTION V TYPING AND STENOGRAPHIC SKILLS   |                                   |   |  |
|--|-----------------------------------|---|--|
| 1. TYPING (WPM)<br><i>Limited</i>  | 2. SHORTHAND (WPM)<br><i>None</i> | 3. INDICATE SHORTHAND SYSTEM USED - CHECK IN APPROPRIATE ITEM.<br><input type="checkbox"/> GREGG <input type="checkbox"/> SPEEDWRITING <input type="checkbox"/> STENOTYPE <input type="checkbox"/> OTHER SPECIFY: |  |
| 4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (compositor, mimeograph, card punch, etc.)<br><i>None</i> |                                   |   |  |

| SECTION VI SPECIAL QUALIFICATIONS   |   |
|---|---|
| 1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH.<br><i>Dom. Training - Limited</i>  |   |
| 2. EXCLUDING BUSINESS EQUIPMENT OR MACHINES WHICH YOU MAY HAVE LISTED IN ITEM 4, SECTION V, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT AND MACHINES SUCH AS OPERATION OF RADIO TRANSMITTERS, AND ALSO CW CODE, CODING & READING, OFFSET PRESS, TURRET LATHE, EDP AND OTHER SCIENTIFIC & PROFESSIONAL DEVICES.<br><i>None</i> |   |
| 3. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION SUCH AS PRACT. ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, MECHANICAL TECHNICIAN, PSYCHOLOGIST, PHYSICIAN, ETC.? <span style="float:right"><input type="checkbox"/> YES<br/><input checked="" type="checkbox"/> NO</span>                   |   |
| 4. IF YOU HAVE ANSWERED YES TO ITEM 3 ABOVE, INDICATE KIND OF LICENSE OR CERTIFICATION AND THE ISSUING STATE, JURISDICTION, ETC. (Provide license registration number if known)   | 5. FIRST LICENSE/CERTIFICATE year of issue  |
|   | 6. LATEST LICENSE/CERTIFICATE year of issue |
| 7. LIST ANY SKETCHES AND PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR. DO NOT INCLUDE BOOKS WHICH YOU HAVE WRITTEN OR CO-WROTE. INDICATE THE DATE, PUBLICATION DATE AND TYPE OF WRITING.<br><i>None</i>  |   |
| 8. OTHER OF ANY (OTHER THAN THOSE ABOVE) THAT MAY BE RELEVANT TO YOUR SERVICE OR TO THE SERVICE OF THE UNITED STATES.<br><i>None</i>  |   |
| 9. OTHER INFORMATION FROM WHICH SPECIAL QUALIFICATIONS MAY BE DERIVED.<br><i>None</i>   |   |

**SECRET**



**When Filled In**

**MILITARY SERVICE**

### CURRENT DRAFT STATUS

4



## (When Filed In)

**SECRET**  
**. 7 .**



**SECRET**  
(When Filled In)

|   |                         |  |      |
|---|-------------------------|--|------|
| (11-61)   |                         | <b>LANGUAGE DATA RECORD</b>  |      |
| 625 658   |                         |  |      |
| <b>PART I-GENERAL</b>   |                         |  |      |
| 1. NAME (Last-First-Middle) (7-24)  |                         | 2. DATE OF BIRTH (24-30)   |      |
| Piccolo, Joseph Stephen   |                         | MONTH  | DAY  |
|   |                         | Dec  | 8    |
|   |                         | YEAR   |      |
|   |                         | 35   |      |
| 3. LANGUAGE (21-23)   | 4. TODAY'S DATE (24-29) |  | 5.   |
| SPANISH   | MONTH                   | DAY  | YEAR |
| 720   | AUG                     | 27   | 62   |
|   |                         | <input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE |      |
| <b>PART II-LANGUAGE ELEMENTS</b>  |                         |  |      |
| <b>SECTION A. Reading (40)</b>  |                         |  |      |
| 1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.   |                         |  |      |
| 2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.   |                         |  |      |
| ③ 3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.   |                         |  |      |
| 4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.   |                         |  |      |
| 5. I HAVE NO READING ABILITY IN THE LANGUAGE.   |                         |  |      |
| <b>SECTION B. Writing (41)</b>  |                         |  |      |
| 1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY.                                |                         |  |      |
| 2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY. |                         |  |      |
| ③ 3. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AKBARD STYLE, USING THE DICTIONARY OCCASIONALLY.   |                         |  |      |
| 4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AKBARD STYLE, USING THE DICTIONARY FREQUENTLY.  |                         |  |      |
| 5. I CANNOT WRITE IN THE LANGUAGE.  |                         |  |      |
| <b>SECTION C. Pronunciation (42)</b>  |                         |  |      |
| 1. MY PRONUNCIATION IS NATIVE.  |                         |  |      |
| ② 2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.   |                         |  |      |
| 3. MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY BARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.  |                         |  |      |
| 4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.  |                         |  |      |
| 5. I HAVE NO SKILL IN PRONUNCIATION.  |                         |  |      |
| CONTINUE ON REVERSE SIDE  |                         |  |      |



CONTINUATION OF PART II--LANGUAGE ELEMENTS

SECTION D.

Speaking (43)

1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
2. I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
- ☒ 3. I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
4. I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
5. I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.

SECTION E.

Understanding (44)

1. I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
2. I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOES AND PUNS.
- ☒ 3. I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.
4. I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
5. I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.

BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.

PART III--EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)

1. I HAVE HAD EXPERIENCE AS A TRANSLATOR.
2. I HAVE HAD EXPERIENCE AS AN INTERPRETER.
3. BOTH OF THE ABOVE STATEMENTS APPLY.
- ☒ 4. NONE OF THE ABOVE STATEMENTS APPLY.

PART IV--CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 23-119, PAR. 1C(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.

DATE SIGNED

27 AUG 62

SIGNATURE

*Joseph D. Pirolo*

1403

1403



**SECRET**  
(When Filled In)

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| (11-81)   |  | <b>LANGUAGE DATA RECORD</b>   |   |   |  |
| <b>PART I-GENERAL</b>   |  |   |   |   |  |
| 1. NAME (Last-First-Middle)<br><div style="text-align: center;">PICCOLI, Joseph S.</div>  |  |   | 2. DATE OF BIRTH<br><div style="display: flex; justify-content: space-between;"> <div>MONTH<br/>December</div> <div>DAY<br/>8</div> <div>YEAR<br/>1935</div> </div> |   |  |
| 3. LANGUAGE<br><div style="text-align: center;">SPANISH 720</div>   |  | 4. TODAY'S DATE<br><div style="display: flex; justify-content: space-between;"> <div>MONTH<br/>August</div> <div>DAY<br/>24</div> <div>YEAR<br/>1959</div> </div> |   | 5. <input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE |  |
| <b>PART II-LANGUAGE ELEMENTS</b>  |  |   |   |   |  |
| <b>SECTION A. Reading (40)</b>  |  |   |   |   |  |
| 1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.   |  |   |   |   |  |
| <input checked="" type="radio"/> 2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.  |  |   |   |   |  |
| 3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.   |  |   |   |   |  |
| 4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.   |  |   |   |   |  |
| 5. I HAVE NO READING ABILITY IN THE LANGUAGE.   |  |   |   |   |  |
| <b>SECTION B. Writing (41)</b>  |  |   |   |   |  |
| 1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY.                                |  |   |   |   |  |
| 2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY. |  |   |   |   |  |
| <input checked="" type="radio"/> 3. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.                                     |  |   |   |   |  |
| 4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.   |  |   |   |   |  |
| 5. I CANNOT WRITE IN THE LANGUAGE.  |  |   |   |   |  |
| <b>SECTION C. Pronunciation (42)</b>  |  |   |   |   |  |
| 1. MY PRONUNCIATION IS NATIVE.  |  |   |   |   |  |
| <input checked="" type="radio"/> 2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.  |  |   |   |   |  |
| 3. MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.  |  |   |   |   |  |
| 4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.  |  |   |   |   |  |
| 5. I HAVE NO SKILL IN PRONUNCIATION.  |  |   |   |   |  |

CONTINUE ON REVERSE SIDE



CONTINUATION OF PART II-LANGUAGE ELEMENTS

SECTION D.

Speaking (43)

1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
2. I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
3. I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
4. I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
5. I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.

SECTION E.

Understanding (44)

1. I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
2. I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOSES AND PUNS.
3. I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.
4. I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
5. I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.

BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.

PART III-EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)

1. I HAVE HAD EXPERIENCE AS A TRANSLATOR.
2. I HAVE HAD EXPERIENCE AS AN INTERPRETER.
3. BOTH OF THE ABOVE STATEMENTS APPLY.
4. NONE OF THE ABOVE STATEMENTS APPLY.

PART IV-CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 25-118, PAR. 1C(10). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.

DATE SIGNED

SIGNATURE

26 August 1953

161

1603

161



DECLARATION

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS

Part 1. PERSONAL BACKGROUND

Full Name: [Name] Date: [Date]

Address: [Address]

City: [City]

State: [State]

Zip: [Zip]

Age: [Age]

Sex: [Sex]

Marital Status: [Marital Status]

Education: [Education]

Occupation: [Occupation]

Previous Employment: [Previous Employment]

Current Employment: [Current Employment]

Previous Residence: [Previous Residence]

Current Residence: [Current Residence]

Previous Travel: [Previous Travel]

Current Travel: [Current Travel]

Previous Contact: [Previous Contact]

Current Contact: [Current Contact]

Previous Information: [Previous Information]

Current Information: [Current Information]



1. The first part of the document is a list of names and addresses, which appears to be a directory or a list of contacts. The names are written in a cursive script, and the addresses are listed below them.

2. The second part of the document is a list of names and addresses, which appears to be a directory or a list of contacts. The names are written in a cursive script, and the addresses are listed below them.

3. The third part of the document is a list of names and addresses, which appears to be a directory or a list of contacts. The names are written in a cursive script, and the addresses are listed below them.

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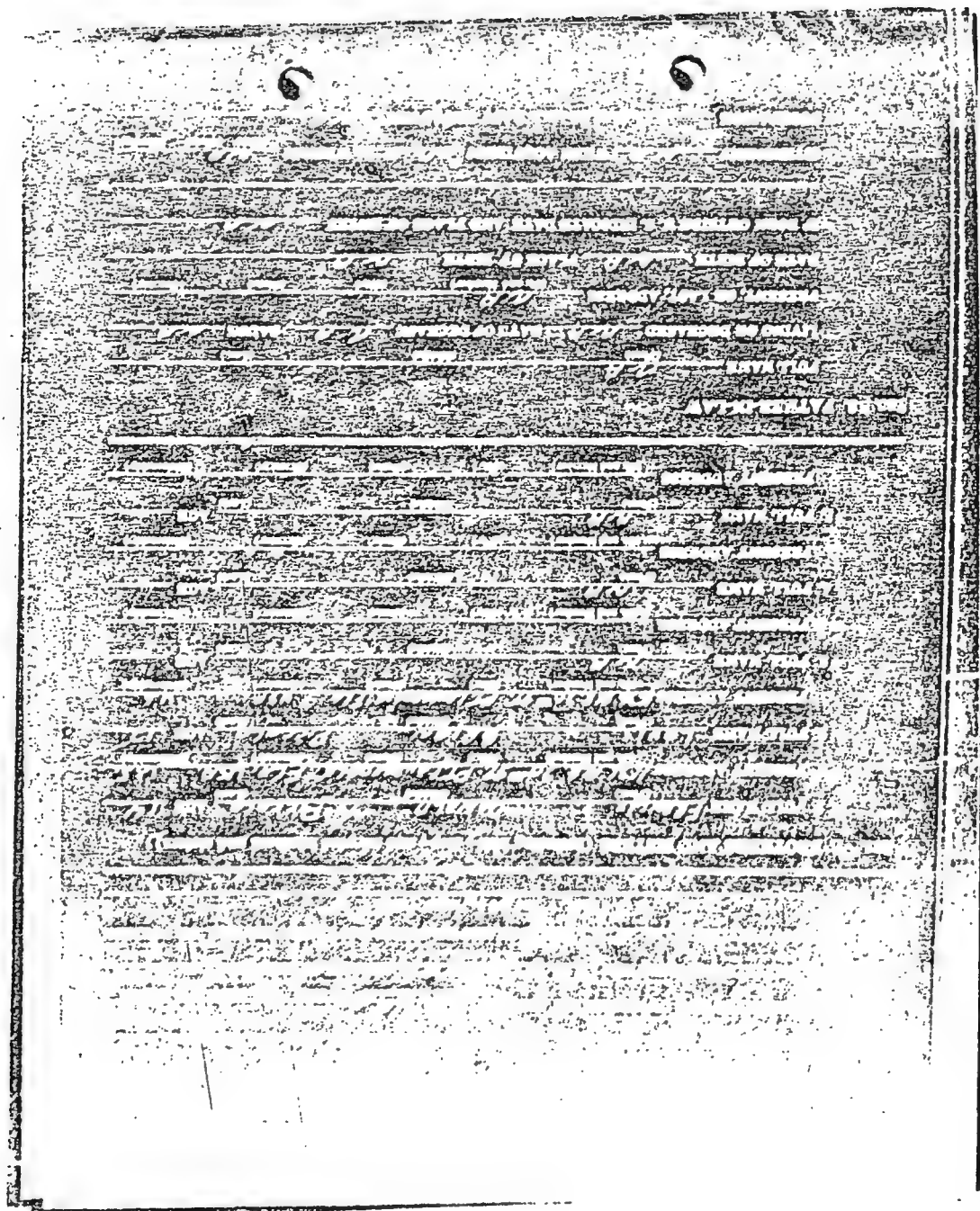
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10. The tenth part of the document is a list of names and addresses, which appears to be a directory or a list of contacts. The names are written in a cursive script, and the addresses are listed below them.



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UNITED STATES

DEPARTMENT OF JUSTICE

IMMIGRATION AND NATURALIZATION SERVICE

INVESTIGATION

REPORT

ON

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RELATIVES BY BLOOD, MARRIAGE, OR ADOPTION, WHO ARE NOT CITIZENS OF THE UNITED STATES

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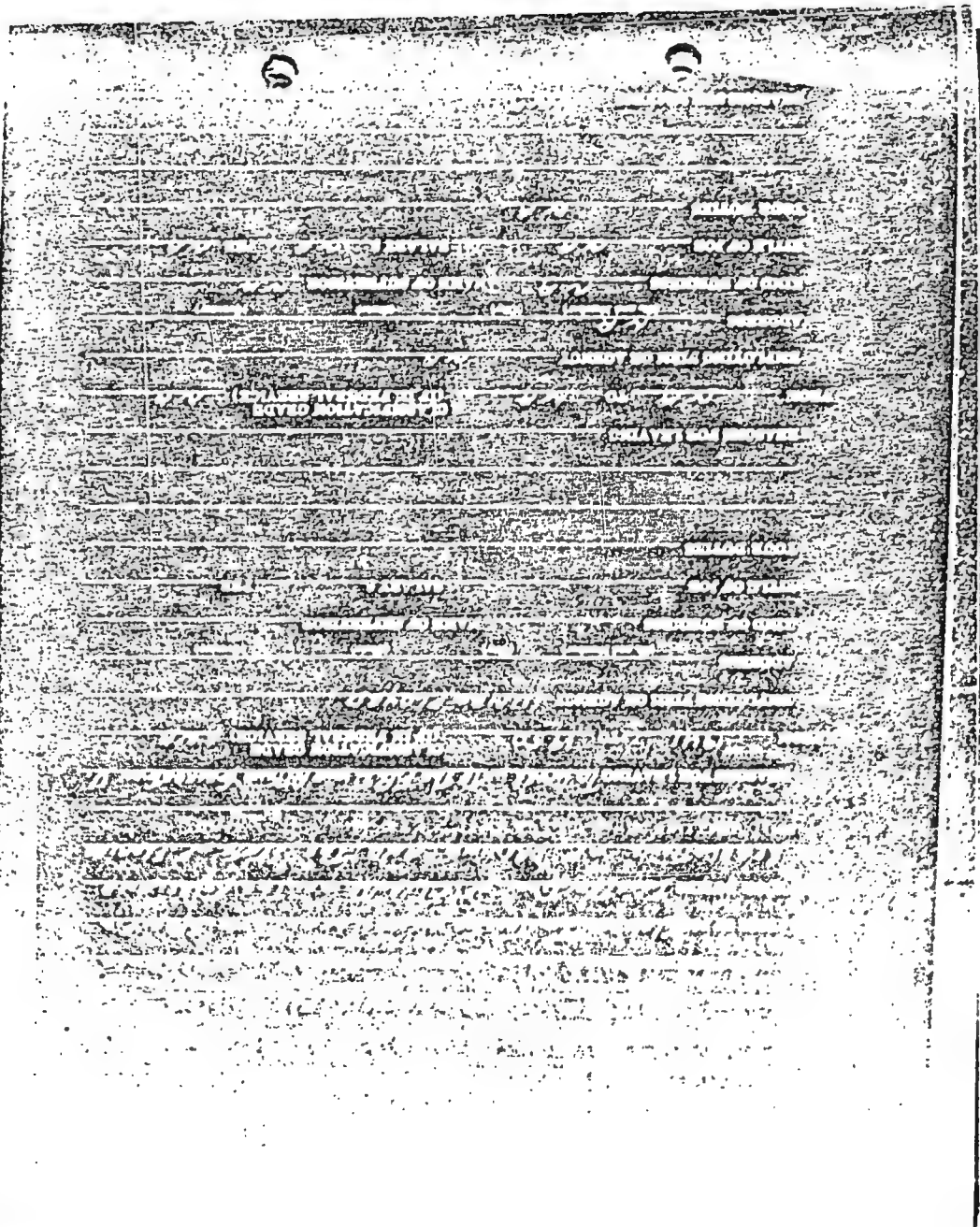
UNITED STATES GOVERNMENT

NAME John Doe  
DATE OF BIRTH 10-10-1920  
RESIDENTIAL ADDRESS 123 Main St, Washington, D.C.  
EDUCATION High School Graduate  
MILITARY SERVICE None  
CIVILIAN EMPLOYMENT None

CHRONOLOGICAL HISTORY OF EMPLOYMENT FOR PAST 18 YEARS. ACCOUNT FOR ALL PERIODS. INCLUDE CASUAL EMPLOYMENT. INCLUDE ALSO PERIODS OF UNEMPLOYMENT. GIVE ADDRESSES AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. LIST LAST POSITION FIRST. (List all civilian employment by chronological order, beginning with last position first.)

EMPLOYER'S NAME John Doe  
ADDRESS 123 Main St, Washington, D.C.  
DATE OF EMPLOYMENT 10-10-1920  
TITLE OF JOB None  
DUTIES None  
REASON FOR LEAVING None  
DATE OF LEAVING None  
EMPLOYER'S NAME John Doe  
ADDRESS 123 Main St, Washington, D.C.  
DATE OF EMPLOYMENT 10-10-1920  
TITLE OF JOB None  
DUTIES None  
REASON FOR LEAVING None  
DATE OF LEAVING None







1. The first part of the report is a summary of the work done during the year.

2. The second part is a detailed account of the work done during the year.

3. The third part is a summary of the work done during the year.

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15. The fifteenth part is a summary of the work done during the year.



[illegible]

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 205. **PRINT ZIP** \_\_\_\_\_  
 206. **PRINT PHONE** \_\_\_\_\_  
 207. **PRINT DATE** \_\_\_\_\_  
 208. **PRINT SIGNATURE** \_\_\_\_\_  
 209. **PRINT NAME** \_\_\_\_\_  
 210. **PRINT ADDRESS** \_\_\_\_\_  
 211. **PRINT CITY** \_\_\_\_\_  
 212. **PRINT STATE** \_\_\_\_\_  
 213. **PRINT ZIP** \_\_\_\_\_  
 214. **PRINT PHONE** \_\_\_\_\_  
 215. **PRINT DATE** \_\_\_\_\_  
 216. **PRINT SIGNATURE** \_\_\_\_\_  
 217. **PRINT NAME** \_\_\_\_\_  
 218. **PRINT ADDRESS** \_\_\_\_\_  
 219. **PRINT CITY** \_\_\_\_\_  
 220. **PRINT STATE** \_\_\_\_\_

**THE UNIVERSITY OF CHICAGO**

\_\_\_\_\_

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...and the fact that the system is not yet fully operational, the Commission has decided to postpone the final decision on the system until the end of 1992.

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

the 1990s, the number of people in the world who are under 15 years of age is expected to increase by 1.5 billion, from 1.1 billion in 1990 to 2.6 billion in 2015. The number of people aged 65 and over is expected to increase by 1.1 billion, from 350 million in 1990 to 1.4 billion in 2015. The number of people aged 15-64 is expected to increase by 1.5 billion, from 2.5 billion in 1990 to 4.0 billion in 2015. The number of people aged 65 and over is expected to increase by 1.1 billion, from 350 million in 1990 to 1.4 billion in 2015. The number of people aged 15-64 is expected to increase by 1.5 billion, from 2.5 billion in 1990 to 4.0 billion in 2015.

.....



10. NAMES OF FIVE PERSONS WHO KNOW YOU SOCIALLY IN THE UNITED STATES  
NOT REFERENCE RELATIVES SUPERVISORS OR EMPLOYERS (One)

1. NAME ADDRESS PHONE NO. CITY STATE ZIP  
2. NAME ADDRESS PHONE NO. CITY STATE ZIP  
3. NAME ADDRESS PHONE NO. CITY STATE ZIP  
4. NAME ADDRESS PHONE NO. CITY STATE ZIP  
5. NAME ADDRESS PHONE NO. CITY STATE ZIP

11. OTHER PERSONS WHO KNOW YOU SOCIALLY IN THE UNITED STATES  
(List as many as you can)

1. NAME ADDRESS PHONE NO. CITY STATE ZIP  
2. NAME ADDRESS PHONE NO. CITY STATE ZIP  
3. NAME ADDRESS PHONE NO. CITY STATE ZIP  
4. NAME ADDRESS PHONE NO. CITY STATE ZIP  
5. NAME ADDRESS PHONE NO. CITY STATE ZIP  
6. NAME ADDRESS PHONE NO. CITY STATE ZIP  
7. NAME ADDRESS PHONE NO. CITY STATE ZIP  
8. NAME ADDRESS PHONE NO. CITY STATE ZIP  
9. NAME ADDRESS PHONE NO. CITY STATE ZIP  
10. NAME ADDRESS PHONE NO. CITY STATE ZIP



THE UNITED STATES OF AMERICA  
DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535  
MEMORANDUM FOR THE DIRECTOR  
SUBJECT: [Illegible]  
[The following text is extremely faint and largely illegible due to heavy noise and poor scan quality. It appears to be a multi-paragraph memorandum.]



10-01-47

DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED OR ARE YOU NOW OR HAVE YOU BEEN A MEMBER OF, OR HAVE YOU SUPPORTED, ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT OF THE UNITED STATES?

100

10. The following table shows the number of people who have been convicted of a crime in the United States since 1990, by race and gender. The data is presented in millions of people.

577921

*[Faint handwritten notes at the bottom of the page]*

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

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1870-1871

[illegible]

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The diagram shows two horizontal layers. The top layer, labeled 'Layer 1', contains a series of rectangular blocks. The bottom layer, labeled 'Layer 2', also contains a series of rectangular blocks. A horizontal line separates the two layers. Arrows indicate the direction of flow or interaction between the layers.

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100

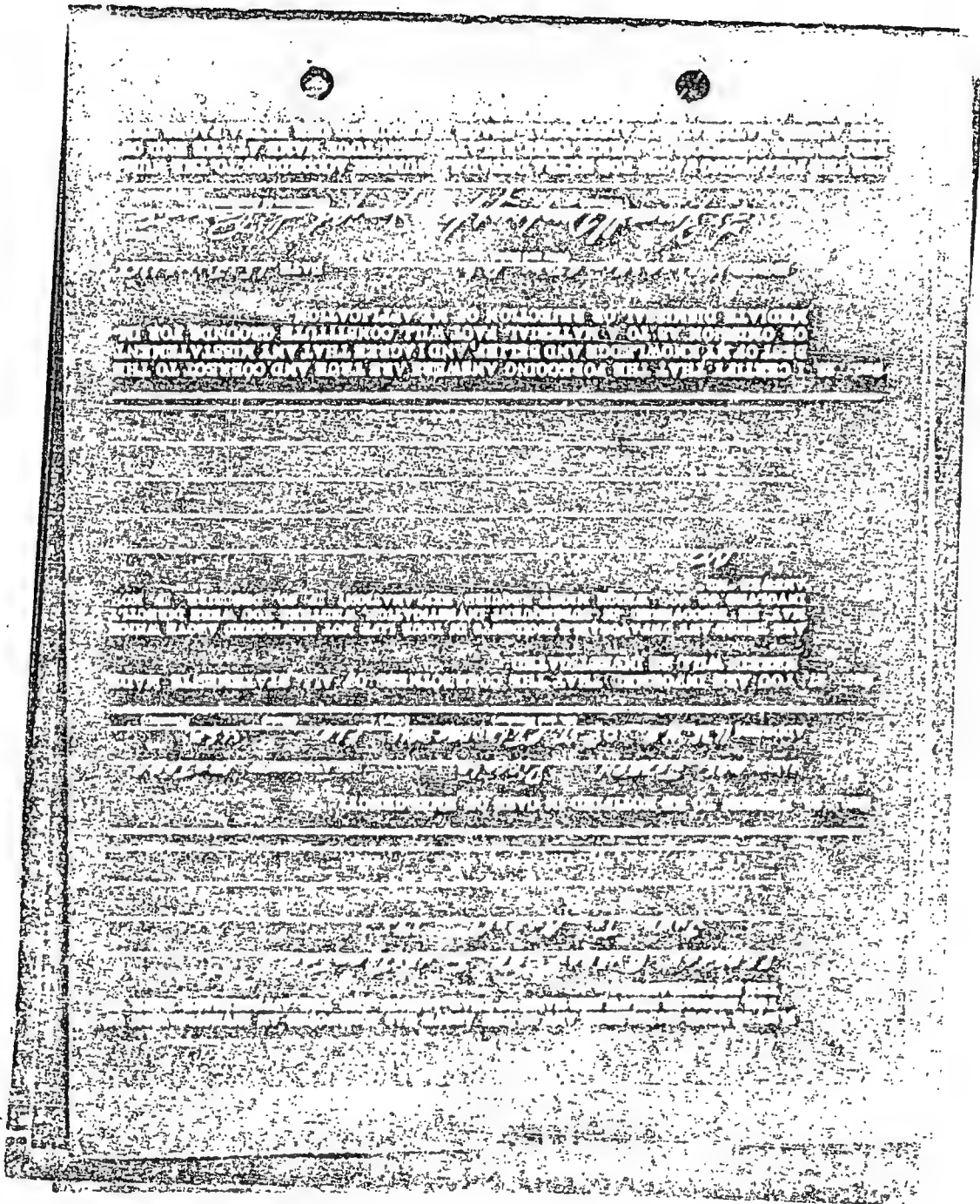
*[The page contains faint, illegible markings.]*

*[Faint, illegible handwritten notes]*

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.







*[The page contains faint, illegible markings and bleed-through from the reverse side.]*



## SECURITY APPROVAL

**CASE NO. :** 109709

REC'D  
LAW ENFORCEMENT  
COMMUNICATIONS  
DIVISION



**CONFIDENTIAL**  
SECURITY INFORMATION  
**SECURITY APPROVAL**

Date: 20 December 1956

TO: Chief, Records & Services Division  
Personnel Office  
FROM: Chief, Security Division  
Personnel  
SUBJECT: PICCOLO, Joseph Stephan

Your Reference: C-6351 FI

Case Number: 109709

1. This is to advise you of security action in the subject case as indicated below:
  - ☒ Security approval is granted the subject person for access to classified information.
  - ☐ Provisional clearance for full duty with CIA is granted under the provisions of Paragraph D of Regulation 10-9 which provides for a temporary appointment pending completion of full security investigation.
  - ☐ The Director of Central Intelligence has granted a provisional clearance for full duty with CIA under the provisions of paragraph H of Regulation 10-9.
2. Unless the subject person enters on duty within 60 days from the above date, this approval becomes invalid.
3. Subject is to be polygraphed as part of EOD procedures.

*W. M. Knott*  
W. M. Knott  
2

*Branch Chief  
12-22-57  
H. E. O.*

NOTICE SECTION

DEC 31 1 10 PM '56

CONFIDENTIAL





U.S. DEPARTMENT OF JUSTICE



U. S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON 25, D. C.

FORM APPROVED  
BUDGET BUREAU MC 50 70-64

Checked by: *[Signature]*  
Filed by: *[Signature]*

NOTIFICATION OF PERSONNEL ACTION

|   |                      |   |   |  |
|---|----------------------|---|---|--|
| 1. NAME (MR - MISS - MRS., FIRST - MIDDLE INITIAL - LAST)<br><b>JOSEPH S. PICCOLO #18185</b>  |                      | 2. DATE OF BIRTH<br><b>12-8-35</b>  | 3. JOURNAL OR SECTION NO.<br><b>F. B. I. 5714</b> | 4. DATE<br><b>9-9-55</b>                                       |
| This is to notify you of the following action affecting your employment   |                      |   |   |  |
| 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)<br><b>RESIGNATION</b>  |                      | 6. EFFECTIVE DATE<br><b>cb 9-9-55</b>   |   | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY                      |
| FROM  |                      | TO  |   |  |
| <b>File Clerk</b><br><br><b>GS 4 Series 305 FBI#54-D-167</b><br><b>\$3415 per annum</b><br><br><b>Div. Four</b><br><b>Files Section</b><br><b>D. C.</b><br><b>Washington Field Office</b>   |                      | <b>8. POSITION TITLE</b><br><br><b>9. SERVICE, SERIES, SALARY, GRADE</b><br><br><b>10. ORGANIZATIONAL DESIGNATIONS</b><br><br><b>11. HEADQUARTERS</b><br><br><b>12. FIELD OR DEPT'L</b> |   |  |
| <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL   |                      | <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL  |   |  |
| 13. VETERAN'S PREFERENCE  |                      | 14. POSITION CLASSIFICATION ACTION  |   |  |
| NONE <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> OTHER <input type="checkbox"/> 10 POINT <input type="checkbox"/><br>DISAB. OTHER <input type="checkbox"/>   |                      | NEW <input type="checkbox"/> VICE <input type="checkbox"/> 1 A. <input type="checkbox"/> DEAL <input type="checkbox"/>  |   |  |
| 15. SEX<br><b>M</b>   | 16. RACE<br><b>M</b> | 17. APPROPRIATION S O E. FBI<br>FROM: <b>18. FROM: SAME</b><br>TO: <b>19. TO: SAME</b>  |   | 19. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)<br><b>No FICA</b> |
| 20. LEGAL RESIDENCE<br><input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED<br>STATE: <b>DC</b>   |                      | 21. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)   |   |  |
| APPOINTED<br><i>[Signature]</i><br>DIRECTOR F. B. I.  |                      | <i>[Signature]</i>  |   |  |
| REMARKS:<br>Forwarding Address: 2210 20th Street, Northwest<br>Washington 9, D. C.<br><br>Leave in the amount of 55 hours extending thru 4:30 p.m. 9-20-55.<br>Owe for 216 hours plus 1 holiday for advanced sick leave which is being changed to LWOP for the period 6-1-55 (9:00 a.m.) to cb 7-6-55.<br>The above listed 55 hours leave is being used to offset his indebtedness. |                      |   |   |  |
| <b>36 OCT 12 1955</b>   |                      |   |   |  |

1. PERSONNEL FILE



NOTICE OF CONVERSION PRIVILEGE  
Federal Employees' Group Life Insurance Act of 1954

An employee is entitled to convert to an individual policy when his group insurance terminates because of separation from an agency, transfer or appointment to a group excluded by law or regulation from insurance coverage, expiration of 12 continuous months in a nonpay status, or entry into the military service of the United States and acquisition of coverage under the Servicemen's Indemnity Act of 1951.

An employee whose group insurance terminates as indicated above may, under provisions set forth in his Certificate of Group Insurance, purchase an individual policy of life insurance without medical examination. The individual policy may be in an amount not exceeding the employee's group life insurance and will be issued at rates applicable to the type of policy purchased and to his current age and class of risk.

If you are entitled to convert group life insurance to an individual policy and wish to exercise this privilege, you must:

1. Ask the agency identified in the block below to give you a completed Agency Certification of Insurance Status, and
2. Follow the instructions printed on the Agency Certification of Insurance Status, and mail it to the Office of Federal Employees' Group Life Insurance, 330 Fourth Avenue, New York 10, N. Y. That office will promptly mail to you detailed information on how to apply for conversion.

IMPORTANT

THE TIME IN WHICH AN EMPLOYEE MAY CONVERT IS LIMITED. THE COMPLETED "AGENCY CERTIFICATION OF INSURANCE STATUS" (NOT THIS FORM) MUST BE MAILED TO THE OFFICE OF FEDERAL EMPLOYEES' GROUP LIFE INSURANCE WITHIN 31 DAYS AFTER YOUR GROUP INSURANCE TERMINATES, OR WITHIN 15 DAYS AFTER THE DATE OF THIS NOTICE, WHICHEVER BASIS GIVES YOU THE MOST TIME.

UNDER CERTAIN CONDITIONS, LIFE INSURANCE IS PAYABLE IF DEATH OCCURS WITHIN 31 DAYS AFTER AN EMPLOYEE'S GROUP INSURANCE TERMINATES, EVEN THOUGH HE HAS NOT APPLIED FOR CONVERSION. IF DEATH OCCURS WITHIN THIS PERIOD FURTHER INFORMATION CONCERNING POSSIBLE BENEFITS MAY BE OBTAINED FROM THE AGENCY NAMED BELOW.

Mr. Joseph S. Piccolo

DATE OF THIS NOTICE

September 8, 1955

NAME AND MAILING ADDRESS OF AGENCY

INSTRUCTIONS TO EMPLOYING AGENCY

1. Fill in the name and address of the office which issues this notice (overprint or stamp if desired).
2. Fill in the date this notice is issued, and note this date in your records for possible future reference.
3. Give this notice, as required, to every employee on the date his insurance terminates (except by waiver).

Federal Bureau of Investigation  
Room 412  
United States Department of Justice  
Washington 25, D.C.

SEP 9 1955



U. S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON 25, D. C.

FORM APPROVED  
BUDGET BUREAU NO. 50-8064

Prepared by: *gmp*  
Checked by: *gmp*  
Filed by: *gmp*

NOTIFICATION OF PERSONNEL ACTION

|   |  |  |   |   |
|---|--|--|---|---|
| 1. NAME (MR., MISS, DR., FIRST, MIDDLE INITIAL, LAST)<br><b>MR. JOSEPH S. PICCOLO</b>   |  | 2. DATE OF BIRTH<br><b>12-8-35</b>   | 3. JOURNAL OR ACTION NO.<br><b>F. B. I.</b>                           | 4. DATE<br><b>12088 10-8-54</b>   |
| This is to notify you of the following action affecting your employment:  |  |  |   |   |
| 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)<br><b>PROMOTION</b>  |  | 6. EFFECTIVE DATE<br><b>10-10-54</b>   | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY<br><b>EXCEPTED BY LAW</b>   |   |
| FROM  |  | TO   |   |   |
| File Clerk<br>GS 3 (Series 305 FBI#54-D-86)<br>\$2950 per annum.<br>Div. Four<br>Files Section<br>D. C.   |  | 8. POSITION TITLE<br><b>Same</b>   | 9. SERVICE, SERIES, SALARY, GRADE<br><b>GS 4<br/>\$3175 per annum</b> |   |
| 10. ORGANIZATIONAL DESIGNATIONS<br><b>Same</b>  |  | 11. HEADQUARTERS<br><b>Same</b>  |   |   |
| 12. FIELD OR DEPT'L<br><input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL  |  | 13. FIELD OR DEPT'L<br><input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL   |   |   |
| 14. VETERAN'S PREFERENCE<br>NONE <input checked="" type="checkbox"/> 5011 <input type="checkbox"/> OTHER <input type="checkbox"/> 5012 <input type="checkbox"/> 10-POINT <input type="checkbox"/> DISAB. <input type="checkbox"/> OTHER <input type="checkbox"/>  |  | 15. POSITION CLASSIFICATION ACTION (Series 305 FBI#54-D-167)<br>NEW <input type="checkbox"/> RISE <input type="checkbox"/> L. L. <input type="checkbox"/> REAL. <input checked="" type="checkbox"/> X X <b>Betty Brooks Koontz</b> |   |   |
| 16. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)<br><b>no FICA</b>  |  | 17. DATE OF APPOINTMENT AFFIDAVIT (ACKNOWLEDGE ONLY)<br><b>no FICA</b>   |   | 18. LEGAL RESIDENCE<br><input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED<br>STATE: <b>42</b> |
| 19. APPROVED<br><i>J. E. Hoover</i><br>DIRECTOR, F. B. I.   |  |  |   |   |
| REMARKS:<br>The provisions of the Universal Military Training and Service Act of 1951 have been complied with.<br>The classification grade of this position is subject to post-audit and correction pursuant to Section 1310 of the Supplemental Appropriation Act, 1952 - Public Law # 253, approved 11-1-51.<br>This promotion is temporary in accordance with Public Law #843, approved 9-27-50. |  |  |   |   |
| 42 OCT 29 1954  |  |  |   |   |

1. PERSONNEL FILE



FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

## REPORT OF PERFORMANCE RATING

Name of Employee: JOSEPH S. PICCOLOWhere Assigned: RECORDS & COMMUNICATIONS RECORDS SECTION; FILE REVIEW AND  
(Division) (Section, Unit) RESEARCH UNITPayroll Title: FILE CLERK GS-3Rating Period: from 1-1-54 to 9-30-54ADJECTIVE RATING: SATISFACTORY  
Outstanding, Satisfactory, UnsatisfactoryEmployee's  
InitialsJHPRated by: Mary C. Hoyle Supervisor 9/30/54  
Signature Title DateReviewed by: E. W. WALKART Supervisor in Charge SEP 30 1954  
Signature Title DateRating approved by: [Signature] ASST. DIR. 21 1954  
Signature Title Date

## TYPE OF REPORT

(X) Official

( ) Annual

( ) Administrative

( ) 60-day

( ) Transfer

( ) Separation from service

( ) Special

10  
OCT 21 1954



U. S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON 25, D. C.

FORM APPROVED  
BUDGET BUREAU NO. 50-2004

Prepared by *1011B*  
Checked by *1011B*  
Filed by:

NOTIFICATION OF PERSONNEL ACTION

|   |  |  |  |   |  |                         |  |
|---|--|--|--|---|--|-------------------------|--|
| 1. NAME (MR. - MISS - MRS. - FIRM - MIDDLE INITIAL - LAST)  |  | 2. DATE OF BIRTH   |  | 3. OFFICE OR AGENCY   |  | 4. DATE                 |  |
| MR. JOSEPH S. PICCOLO   |  | 12-8-35  |  | F. B. I.<br>18802   |  | 3-26-54                 |  |
| 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)  |  | 6. EFFECTIVE DATE  |  | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY                                       |  |                         |  |
| CHANGE IN TITLE<br>FROM   |  | 3-28-54  |  | EXCEPTED BY LAW<br>TO   |  |                         |  |
| Locate Clerk  |  | 8. POSITION TITLE  |  | File Clerk  |  |                         |  |
| GS 3 (Series 305 CSC#3741)<br>\$2950 per annum  |  | 9. ADVISE: BASIC<br>SALARY GRADE                                     |  | GS 3,<br>same   |  |                         |  |
| Div. Four<br>Files Section<br>D. C.   |  | 10. ORGANIZATIONAL<br>DESIGNATIONS                                   |  | same<br>same<br>same  |  |                         |  |
|   |  | 11. HEADQUARTERS   |  |   |  |                         |  |
| <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL   |  | 12. FIELD OR OFFICE  |  | <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL |  |                         |  |
| 13. VETERAN'S PREFERENCE  |  |  |  | 14. PROMOTION CLASSIFICATION ACTION   |  |                         |  |
| 13A. <input checked="" type="checkbox"/> None <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 15%<br>13B. <input type="checkbox"/> Other <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 15%<br>13C. <input type="checkbox"/> Other <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 15% |  |  |  | (Series 305 CSC#3741)   |  |                         |  |
| 15. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F  |  | 16. DATE OF BIRTH  |  | 17. APPROPRIATION U. S. L. F. B. I.   |  | 18. DATE OF APPOINTMENT |  |
| M   |  | 12-8-35  |  | same  |  | no FICA                 |  |
| 19. LEGAL RESIDENCE   |  | 20. CLAIMED <input type="checkbox"/> PROVED <input type="checkbox"/> |  | 21. STATE   |  |                         |  |
| APPROVED<br><i>J. E. Hoover</i><br>DIRECTOR, F. B. I.   |  | MAY 18 1954<br><i>JWSm</i><br><i>1011B</i>                           |  |   |  |                         |  |
| REMARKS   |  |  |  |   |  |                         |  |

1. PERSONNEL FILE



FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

## REPORT OF PERFORMANCE RATING

Name of Employee: JOSEPH S. PICCOLO

Where Assigned: RECORDS & COMMUNICATIONS RECORDS SECTION FILING UNIT  
(Division) (Section, Unit)

Payroll Title: LOCATE CLERK GS-3

Rating Period: from 8-3-53 to 12-31-53

ADJECTIVE RATING: SATISFACTORY  
Outstanding, Satisfactory, Unsatisfactory

Employee's  
Initials

Rated by: [Signature] Supervisor 12-31-53  
Signature Title Date

Reviewed by: F. W. WALKART [Signature] DEC 31 1953  
Signature Title Date

Rating approved by: [Signature] ASSISTANT DIRECTOR JAN 2 1954  
Signature Title Date

## TYPE OF REPORT

(X) Official  
(X) Annual

( ) Administrative  
( ) 60 day  
( ) Transfer  
( ) Separation from service  
( ) Special

7 JAN 14 1954

3-8-54



U. S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON 25, D. C.

Prepared by: *AKP/mes*  
Checked by:  
Filed by:

NOTIFICATION OF PERSONNEL ACTION

|   |   |  |   |                                     |
|---|---|--|---|-------------------------------------|
| 1. NAME (MR - MISS - MRS. - FIRST - MIDDLE INITIAL - LAST)<br><b>MR. JOSEPH S. PICCOLO</b>  |   | 2. DATE OF BIRTH<br><b>12-8-35</b>   | 3. JOB NUMBER<br><b>F.B.I.<br/>10703</b>  | 4. DATE<br><b>12-4-53</b>           |
| 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)<br><b>PROMOTION</b>  |   | 6. EFFECTIVE DATE<br><b>12-6-53</b>  | 7. CIVIL SERVICE CLASSIFICATION (USE SCHEDULE A PART 6.108 (E))<br><b>Schedule A Part 6.108 (E)</b> |                                     |
| FROM<br><b>File Clerk</b><br><br><b>GS 2 (Series 305 DJ#50-D-53)<br/>\$2750 per annum</b><br><br><b>Div. Four<br/>Files Section<br/>D. C.</b>   |   | 8. POSITION TITLE<br><b>Locate Clerk</b>   | TO<br><b>GS 3<br/>\$2950 per annum</b><br><br><b>same<br/>same<br/>same</b>                         |                                     |
| 9. SERVICE STRIPS, SALARY, GRADE  |   | 10. ORGANIZATIONAL DESIGNATIONS  |   |                                     |
| 11. HEADQUARTERS  |   | 12. FIELD OR DEPT'L  |   |                                     |
| 13. VETERAN'S PREFERENCE<br>NONE <input checked="" type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> D-PT. <input type="checkbox"/> 10-POINT <input type="checkbox"/> DISAB. <input type="checkbox"/> OTHER <input type="checkbox"/>  |   | 14. POSITION CLASSIFICATION ACTION (Series 305 CSC#3741)<br><b>Hattie B. Hall<br/>remove from rolls<br/>effective cb 9-10-53</b> |   |                                     |
| 15. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F  | 16. RACE <input type="checkbox"/> W <input type="checkbox"/> N <input type="checkbox"/> O | 17. APPROPRIATION S. & C. F. D. I.<br>18. FROM: <input type="checkbox"/> 19. TO: <b>same</b>                                     | 20. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)<br><b>no FICA</b>                                      | 21. DATE OF BIRTH<br><b>12-8-35</b> |
| 22. LEGAL RESIDENCE<br><input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED<br>STATE:   |   | 23. DATE OF BIRTH<br><b>12-8-35</b>  |   |                                     |
| APPROVED<br><br><b>J. E. Hoover</b><br><b>Director, F. B. I.</b>  |   | Via changed to be added to rolls effective 12-6-53 (CE 154-D-50) 12-4-26-54. 12-5-12-54.   |   |                                     |
| REMARKS:<br>The provisions of the Universal Military Training and Service Act of 1951 have been complied with.<br>The classification grade of this position is subject to post-audit and correction pursuant to Section 1310 Supplemental Appropriation Act, 1952 - Public Law # 253, approved 11-1-51.<br>This promotion is temporary in accordance with Public Law # 3, approved 9-27-50. |   |  |   |                                     |
| 16 DEC 16 1953  |   |  |   |                                     |
| SIGNATURE OR OTHER AUTHENTICATION   |   |  |   |                                     |

1. PERSONNEL FILE

U. S. GOVERNMENT PRINTING OFFICE: 1950 - 55444



Give this card to the  
APPOINTMENT CLERK  
at the  
PHS OUTPATIENT CLINIC  
410 6th & Spring Ave.  
EL PASO, TEX. 79901  
(W Code 118)

*Spilled -*

6869261

1. FIRST NAME  
2. INITIAL LAST NAME  
JOSEPH S. PICCOLO  
POSITION TITLE  
File Clerk

3. DATE OF BIRTH 12-2-35 HAS AN APPOINTMENT ON \_\_\_\_\_ AT \_\_\_\_\_ A.M. P.M.  
(Date) (Time)

AT THE SERVICE CHECKED BELOW:

- |  |  |  |
|--|--|--|
| 4. <input checked="" type="checkbox"/> PHOTOFUOROGRAPH | 8. <input type="checkbox"/> OB GYN.    | 16. <input type="checkbox"/> NUTRITION     |
| 5. <input type="checkbox"/> MEDICAL EXAMINATION        | 9. <input type="checkbox"/> PHYS. MED. | 17. <input type="checkbox"/> MENTAL HEALTH |
| 6. <input type="checkbox"/> LABORATORY                 | 10. <input type="checkbox"/> SURGICAL  | 18. <input type="checkbox"/> DERMATOLOGY   |
| 7. <input type="checkbox"/> MEDICAL                    | 11. <input type="checkbox"/> PEDIATRIC | 15. <input type="checkbox"/> EENT          |
| 12. <input type="checkbox"/> OTHER (Specify)           |  |  |

SEP 11 1953

20. CLINIC REGISTER NO.

21. NAME OF DOCTOR

STANDARD FORM 78A - JULY 1949  
CIVIL SERVICE COMMISSION  
F. P. M. CHAPTER 43

MEDICAL APPOINTMENT AND REPORT

16-60500-1

SEP OCT 7 1953

*3-11-53*



VETERAN'S PREFERENCE AND SOCIAL SECURITY STATEMENTDate 8-3-53

1. Are you eligible to claim Veteran's Preference under any of the existing Veterans Preference Bills? Yes        No X.
2. Furnish information substantiating Veteran's Preference claim, including disability rating, if any.
3. Are you currently receiving any Social Security benefit payments? Yes        No X.  
(If you are receiving any Social Security benefit payments at the present time you should immediately contact the local Social Security field office as to whether you will still be entitled to such payment.)

Signature *[Handwritten Signature]*

89 AUG 24 1953 12



## APPOINTMENT AFFIDAVITS

**IMPORTANT.**—Before swearing to these appointment affidavits, you should read and understand the attached information for appointees

JUSTICE F.B.I. WASHINGTON, D.C.  
(Department or agency) (Bureau or division) (Place of employment)

I, JOSEPH STEPHAN PICCOLO, do solemnly swear (or affirm) that—

### A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, **SO HELP ME GOD.**

### B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

### C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

### D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not paid, or offered or promised to pay, any money or other thing of value to any person, firm or corporation for the use of influence to procure my appointment.

### E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

8-3-53  
(Date of entrance on duty)

Joseph S. Piccolo  
(Signature of appointee)

Subscribed and sworn before me this 3rd day of August, A. D. 1953  
at Washington D. C.  
(City) (State)

[SEAL]

Catherine C. Johns  
(Signature of official)  
Notary Public  
for the District of Columbia

NOTE.—If the oath is taken before a Notary Public the date of expiration of his commission should be noted.



# DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Impersonation is a criminal offense and will be prosecuted accordingly.

1. PRESENT ADDRESS (street and number, city and State)  
 1624 A.E. 205 ST ST. LAURENCE, ILL.  
 12-8-35  
 2. (A) DATE OF BIRTH (B) PLACE OF BIRTH (city or town and State or country)  
 YONKERS, NEW YORK

3. (A) IN CASE OF EMERGENCY PLEASE NOTIFY (B) RELATIONSHIP (C) STREET AND NUMBER, CITY AND STATE (D) TELEPHONE NO.  
 MS. J. P. PICCOLO FATHER 1624 A.E. 205 ST ST. LAURENCE, ILL. 2-7334

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (OTHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? ☐ YES ☒ NO  
 If yes, for each such relative fill in the blanks below. If additional space is necessary, complete under item 10.

| NAME | PRESENT ADDRESS (Give street number, if any) | (1) POSITION (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED | RELATIONSHIP | MARRIED (Check one)      | SINGLE                   |
|------|--|--|--------------|--------------------------|--------------------------|
|      |  | 1. ....  |              | <input type="checkbox"/> | <input type="checkbox"/> |
|      |  | 2. ....  |              | <input type="checkbox"/> | <input type="checkbox"/> |
|      |  | 3. ....  |              | <input type="checkbox"/> | <input type="checkbox"/> |
|      |  | 4. ....  |              | <input type="checkbox"/> | <input type="checkbox"/> |
|      |  | 5. ....  |              | <input type="checkbox"/> | <input type="checkbox"/> |
|      |  | 6. ....  |              | <input type="checkbox"/> | <input type="checkbox"/> |
|      |  | 7. ....  |              | <input type="checkbox"/> | <input type="checkbox"/> |
|      |  | 8. ....  |              | <input type="checkbox"/> | <input type="checkbox"/> |
|      |  | 9. ....  |              | <input type="checkbox"/> | <input type="checkbox"/> |
|      |  | 10. ....   |              | <input type="checkbox"/> | <input type="checkbox"/> |

| INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN   | YES | NO | ITEM NO. | 10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS<br>WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY |
|---|-----|----|----------|--|
| 5. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?  | X   |    |          |  |
| 6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?<br>If your answer is "Yes", give details in item 10.   |     | X  |          |  |
| 7. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY PENSION ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?<br>If your answer is "Yes", give in item 10 reason for retirement, that is, age, optional disability, or by reason of voluntary or involuntary separation after 5 years' service; amount of retirement pay, and under what retirement act, and rating, if retired from military or naval service.                       |     | X  |          |  |
| 8. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT HAVE YOU BEEN DISCHARGED OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION?<br>If your answer is "Yes", give in item 10 the name and address of employer, date and reason in each case.  |     | X  |          |  |
| 9. HAVE YOU BEEN ARRESTED (NOT INCLUDING TRAFFIC VIOLATIONS FOR WHICH YOU WERE FINED \$25 OR LESS OR FORFEITED LICENSES OF \$25 OR LESS) SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT?<br>If your answer is "Yes", list all such cases under item 10. Give in each case: (1) The date, (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken. |     | X  |          |  |

## INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine in his own discretion that the appointment must be in conformity with the Civil Service Act, applicable Civil Service Rules and Regulations and with the laws pertaining to appointments. This form should be filed with the office, personnel, or other office in connection with the appointment, and should be retained for the following:

(1) **Identity of appointee**—It is the duty of the appointing officer to guard against impersonation and to determine beyond reasonable doubt that the appointee is the same person whose appointment was authorized. The appointee's signature and handwriting are to be compared with the signature and other identifying papers. If the appointee is a minor, the signature of the parent or guardian on the form should be compared with the signature on the declaration sheet, which was signed by the appointee. The physical appearance of the appointee should be compared with the photograph of the appointee and the photograph of the appointee should be compared with the photograph of the appointee.

(2) **Age**—If definite age limits have been established for the position it should be determined that the appointee is not outside the age range for appointment. Until such determination is made, the appointment may not be consummated.

(3) **Disqualifications**—The appointing officer is responsible for ascertaining the citizenship papers of (1) the Civil Service Rules and (2) the appointee's own papers. If the appointee is a foreign-born citizen, the appointing officer should be satisfied that the appointee is a citizen of the United States and that the appointee is not a member of a subversive organization.

(4) **Members of family**—Section 5 of the Civil Service Act provides that members of the family of a person who is a member of a subversive organization are not eligible for appointment. The appointing officer should be satisfied that the appointee is not a member of a subversive organization and that the appointee is not a member of a subversive organization.



OFFICIAL ENTRANCE PERFORMANCE RATING

Date: August 3, 1953

Name: Joseph S. Piccolo

Eod: August 3, 1953

Under the Federal Bureau of Investigation performance rating plan, every new employee is given an entrance performance rating which will constitute his official rating until superseded by a subsequent official rating.

The official entrance rating for this employee is satisfactory.

AUG 7 1953



MEMORANDUM

RE: MR. JOSEPH S. PICCOLO

A character and fitness investigation including an appropriate loyalty check was conducted concerning this employee and he was found suitable for employment with this Bureau.



U. S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON 25, D. C.

FORM APPROVED  
BUDGET BUREAU NO. 50-100-1  
Prepared by: *AC*  
Checked by:  
Filed by:

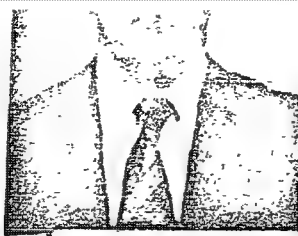
NOTIFICATION OF PERSONNEL ACTION

|   |  |   |  |                          |
|---|--|---|--|--------------------------|
| 1. NAME (MR., MRS., AND - FIRST, MIDDLE INITIAL - LAST)<br><b>MR. JOSEPH B. PICCOLO</b>   |  | 2. DATE OF BIRTH<br><b>12-8-35</b>  | 3. JOURNAL & SECTION NO.<br><b>F.B.I.<br/>2966</b>                           | 4. DATE<br><b>8-3-53</b> |
| 5. NATURE OF ACTION (SEE EXPLANATORY TERMINOLOGY)<br><b>EXCEPTED INDEFINITE APPOINTMENT</b>                                       |  | 6. EFFECTIVE DATE<br><b>EOD 8-3-53</b>  | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY<br><b>Schedule A Part 6.108(E)</b> |                          |
| 8. POSITION TITLE<br><b>File Clerk</b>  |  | 9. SERVICE, SERIES, SALARY GRADE<br><b>GS 2<br/>\$2750 per annum</b>                              |  |                          |
| 10. ORGANIZATIONAL DESIGNATION<br><b>Div. Four<br/>Files Section<br/>D. C.</b>  |  | 11. HEADQUARTERS  |  |                          |
| 12. FIELD OR DEPT'L<br><input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL                                       |  | 13. FIELD OR DEPT'L<br><input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL       |  |                          |
| 14. POSITION CLASSIFICATION ACTION<br><b>DJ#50-D-53<br/>Cecilia Shirley Minick<br/>reassign GS 2 FBI#52-D-184<br/>eff 6-23-53</b> |  | 15. LEGAL RESIDENCE<br><input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED<br>STATE: |  |                          |
| 16. VETERAN'S PREFERENCE<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                   |  | 17. APPROPRIATION S. & E. FBI<br><b>same</b>  |  |                          |
| 18. DEDUCT TO C.S. RETIREMENT ACT (YES-NO)<br><b>no FICA</b>  |  | 19. DATE OF BIRTH<br><b>8-3-53</b>  |  |                          |
| 20. SIGNATURE OF DIRECTOR, F. B. I.<br><i>J. E. Hoover</i>  |  | 21. SIGNATURE OF OTHER AUTHENTICATION   |  |                          |

REMARKS:  
The provisions of the Universal Military Training and Service Act of 1951 have been complied with.  
The classification grade of this position is subject to post-audit and correction pursuant to Section 1310 c Supplemental Appropriation Act, 1952 - Public Law # 253, approved 11-1-51.  
This appointment is a temporary, indefinite appointment, pursuant to the provisions of Public Law #843, approved 9-27-50.

**3 - AUG 24 1953**





FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

FD-140  
10-10-61

Date May 23 1953

APPLICATION FOR EMPLOYMENT

DIRECTOR:  
Federal Bureau of Investigation  
United States Department of Justice  
Washington, D. C.

SIR:  
I hereby make application for employment by the Federal Bureau of Investigation, United States Department of Justice in the position indicated by a check mark, and for your use in connection therewith I submit the following information.

☐ Special Agent (Law Trained)  
☐ Special Agent (Accountant)  
☐ Stenographer  
☒ Typist (Check position applied for)  
☐ Clerk  
☐ Translator  
☐ Radio Operator  
☐ Laboratory Technician

NOTICE: Application MUST be typewritten or clearly printed. All questions MUST be answered. If a question is not applicable so state. Applications which are not complete and legible will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

1. Name in full: Piccolo Joseph Stephen  
Family Name Given Name Middle Name

a) List all other names you have used including nicknames, and maiden name of female applicants:

Joe, Pic, Lo

2. Present Residence Address: N.E. 20th St. Ft. Lauderdale, Fla. 1636 192 33324  
Street City State Zone No. Telephone

3. Address to which you wish mail or telegram sent: 1636 N.E. 20th St. Ft. Lauderdale, Fla. Box none  
Street City State Zone No.

4. Height 5'11" 5. Weight 129 6. Date of Birth 8 Dec 1935 7. Place of Birth Yonkers N.Y.  
Day Month Year City State

8. Are you a U.S. citizen? yes If not born in U.S. give date of entry none a) Place of entry none

10. Are you naturalized? no 11. Date none 12. Place none 13. Court none

14. Describe any physical defects or disabilities you have, including extent of defective vision, if any, with and without glasses (Snellen) and deficiencies in color vision and hearing none

15. If appointed as a Special Agent, are you willing and prepared to accept assignment or transfer to any part of the United States or its territorial possessions, for either temporary or permanent duration? Yes a) If appointed to other positions, will you accept assignment anywhere in the United States or its territorial possessions? no b) If not, specify where you will accept assignment: Washington D.C.

16. If appointed as a Special Agent, or to other positions for assignment in Washington, D.C. are you willing to proceed to Washington, D.C. at your own expense, upon 30 days notice? yes a) If not, what is the minimum notice you will accept? 10 days 17. What is the lowest entrance salary you will accept? \$ 2750

18. Are you now employed by an agency of the Federal Government? no a) Have you been so employed within the past 90 days? no b) Name of Agency none c) Location none

19. Have you ever before applied for employment with the Federal Bureau of Investigation? no a) Date none b) Where did you apply? none

20. EDUCATION NAME OF SCHOOL LOCATION FROM TO DEGREE DIPLOMA RECEIVED

|                 |                                  |                     |      |      |          |          |
|-----------------|----------------------------------|---------------------|------|------|----------|----------|
| HIGH SCHOOL     | ✓ St. Anthony's Central Catholic | Pt. Lauderdale Fla. | 1949 | 1952 | Academic |          |
|                 |                                  | Pt. Lauderdale Fla. | 1952 | 1953 | Academic | Graduate |
| COLLEGE         | none                             | none                | none | none | none     | none     |
| GRADUATE SCHOOL | none                             | none                | none | none | none     | none     |
| MISCELLANEOUS   | none                             | none                | none | none | none     | none     |

21. If you are a member of any organization, give name, address, and telephone number of the organization. no

22. If you are a member of any organization, give name, address, and telephone number of the organization. no

\* Applicants for these positions must attach a complete record of their educational qualifications, unless prepared, and a detailed description of these qualifications in the specific work for which application is being made. Separate statements describing secondary qualifications for these positions will be furnished upon request.



23. If you have ever used any names other than your true name, during what period, and under what circumstances, were these names used? none

24. Have you ever legally changed your name? no 25. Date: none a) Place none b) Court none

26. Where do you consider your legal residence? Ft. Lauderdale Broward Florida  
(City) (County) (State)

27. EMPLOYMENT: (List chronologically ALL employments, including summer and part-time employments)

| NAME AND ADDRESS OF EMPLOYER                   | FROM        | TO             | ANNUAL SALARY | POSITION AND KIND OF WORK |                   |                       |
|--|-------------|----------------|---------------|---------------------------|-------------------|-----------------------|
| a) Name <u>Joseph Piccolo</u><br>Address _____ | <u>1949</u> | <u>present</u> | <u>\$500</u>  | <u>teaching</u>           | <u>J. Piccolo</u> | <u>still employed</u> |
| b) Name _____<br>Address _____                 |             |                |               |                           |                   |                       |
| c) Name _____<br>Address _____                 |             |                |               |                           |                   |                       |
| d) Name _____<br>Address _____                 |             |                |               |                           |                   |                       |
| e) Name _____<br>Address _____                 |             |                |               |                           |                   |                       |
| f) Name _____<br>Address _____                 |             |                |               |                           |                   |                       |
| g) Name _____<br>Address _____                 |             |                |               |                           |                   |                       |
| h) Name _____<br>Address _____                 |             |                |               |                           |                   |                       |

28. MILITARY RECORD:

a) Have you ever served in the Armed Forces of the United States? no b) Branch none  
c) Dates of Service none d) Type of Discharge none  
e) Serial Number none f) Basis for Discharge none  
g) Are you registered for Selective Service? no h) Local Board No. none i) City none  
j) Do you claim Veteran's Preference? no k) Basis for claim none

29. Have you ever served in the Armed Forces of a foreign country? no a) Dates none  
b) Country none c) Branch none d) Circumstances none

30. Have you ever visited or resided in any foreign country (except for travel in the Armed Forces of the U.S.)? no  
a) Date passport issued none b) Place issued none

| COUNTRIES VISITED | FROM        | TO          | REASON FOR TRAVEL |
|-------------------|-------------|-------------|-------------------|
| <u>none</u>       | <u>none</u> | <u>none</u> | <u>none</u>       |

31. List any close relatives, including in-laws, now residing outside the United States (except those in the Armed Forces of the U.S.)

| NAME        | RELATION    | AGE | CITY        | COUNTRY     | CITIZEN OF WHAT COUNTRY |
|-------------|-------------|-----|-------------|-------------|-------------------------|
| <u>none</u> | <u>none</u> |     | <u>none</u> | <u>none</u> | <u>none</u>             |



Write "YES" or "NO" in the appropriate column. If the answers to any of the following questions are "YES" you MUST give full details, using additional sheets if necessary, and numbering answers to correspond with questions.

|              |  | YES      | NO          |         |             |         |              |                |          |       |         |  |  |
|--------------|--|----------|-------------|---------|-------------|---------|--------------|----------------|----------|-------|---------|--|--|
| 32.          | Have you had any serious illnesses or operations in the past 5 years? _____  |          | no          |         |             |         |              |                |          |       |         |  |  |
| a)           | If so, describe and give dates _____   |          |             |         |             |         |              |                |          |       |         |  |  |
| b)           | Were you hospitalized? _____   |          | no          |         |             |         |              |                |          |       |         |  |  |
|              | Dates: _____ Hospital _____ Location _____   |          |             |         |             |         |              |                |          |       |         |  |  |
| c)           | How many days' work have you lost in the past 5 years due to illness? _____  |          |             |         |             |         |              |                |          |       |         |  |  |
| d)           | Do you have any service disability? _____  |          | no          |         |             |         |              |                |          |       |         |  |  |
| e)           | Percentage: _____ f) Nature of disability? _____   |          |             |         |             |         |              |                |          |       |         |  |  |
| 33.          | Do you have any sources of income other than your salary? _____  |          | no          |         |             |         |              |                |          |       |         |  |  |
| a)           | What are they? _____ b) Total amount of such income \$ _____   |          |             |         |             |         |              |                |          |       |         |  |  |
| 34.          | Has your credit record ever been considered unsatisfactory, or have you ever been refused credit? _____  |          | no          |         |             |         |              |                |          |       |         |  |  |
| a)           | If so, give dates, places, names of creditors and circumstances _____  |          |             |         |             |         |              |                |          |       |         |  |  |
| 35.          | Are you now indebted to anyone? _____  |          | no          |         |             |         |              |                |          |       |         |  |  |
| a)           | Name: _____ Address _____ Amount _____   |          |             |         |             |         |              |                |          |       |         |  |  |
| 36.          | Have you ever been arrested (include traffic violations, but not parking tickets)? _____   | yes      |             |         |             |         |              |                |          |       |         |  |  |
|              | <table border="1"> <thead> <tr> <th>DATE</th> <th>PLACE</th> <th>CHARGE</th> <th>DISPOSITION</th> <th>DETAILS</th> </tr> </thead> <tbody> <tr> <td>Jan. 8, 1953</td> <td>Ft. Lauderdale</td> <td>speeding</td> <td>fined</td> <td>\$18.00</td> </tr> </tbody> </table>   | DATE     | PLACE       | CHARGE  | DISPOSITION | DETAILS | Jan. 8, 1953 | Ft. Lauderdale | speeding | fined | \$18.00 |  |  |
| DATE         | PLACE  | CHARGE   | DISPOSITION | DETAILS |             |         |              |                |          |       |         |  |  |
| Jan. 8, 1953 | Ft. Lauderdale   | speeding | fined       | \$18.00 |             |         |              |                |          |       |         |  |  |
| 37.          | Has any member of your immediate family or close relative (including in-laws) ever been arrested for other than traffic violations? _____  |          | no          |         |             |         |              |                |          |       |         |  |  |
|              | <table border="1"> <thead> <tr> <th>NAME</th> <th>RELATION</th> <th>DATE</th> <th>PLACE</th> <th>CHARGE</th> <th>DISPOSITION</th> </tr> </thead> <tbody> </tbody> </table>   | NAME     | RELATION    | DATE    | PLACE       | CHARGE  | DISPOSITION  |                |          |       |         |  |  |
| NAME         | RELATION   | DATE     | PLACE       | CHARGE  | DISPOSITION |         |              |                |          |       |         |  |  |
| 38.          | Were you ever dismissed from a school, or was any disciplinary action, including scholastic probation, ever taken against you, during your scholastic career? _____  |          | no          |         |             |         |              |                |          |       |         |  |  |
|              | School: _____ Date: _____ Type of Action _____   |          |             |         |             |         |              |                |          |       |         |  |  |
| 39.          | Have you ever been dismissed or asked to resign from any employment or position you have held? _____   |          | no          |         |             |         |              |                |          |       |         |  |  |
|              | Employer's name: _____ Date: _____ Reasons: _____  |          |             |         |             |         |              |                |          |       |         |  |  |
| 40.          | Have you ever been a defendant in a court action? _____  | yes      |             |         |             |         |              |                |          |       |         |  |  |
|              | (If so, give date, place, court, names of parties involved, nature of action, and final disposition)   |          |             |         |             |         |              |                |          |       |         |  |  |
|              | Attached sheet   |          |             |         |             |         |              |                |          |       |         |  |  |
| 41.          | Are you now, or have you ever been, a member of the Communist Party U.S.A. or any Communist organization? _____  |          | no          |         |             |         |              |                |          |       |         |  |  |
| 42.          | Are you now, or have you ever been, a member of a Fascist organization? _____  |          | no          |         |             |         |              |                |          |       |         |  |  |
| 43.          | Are you now, or have you ever been, a member of any organization, association, movement, group, or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or of seeking to alter the form of government of the United States by unconstitutional means? _____ |          | no          |         |             |         |              |                |          |       |         |  |  |



# 42. REFERENCES

Give three personal references (not relatives, former employers, former employees or school teachers) who are responsible adults of reputable standing in their communities, such as householders, property owners, business or professional men or women including your family physician if you have one, who have known you well during the past 5 years.

| NAME                 | RESIDENCE ADDRESS          | BUSINESS ADDRESS                             | NO. OF YEARS<br>ACQUAINTED |
|----------------------|----------------------------|--|----------------------------|
| a) Paul F. Gocke     | 3025 N.E. Centor Ave. City | 7900 Harbor Island,<br>Miami Beach, Fla.     | 3 years                    |
| b) Dr. F.C. Heberman | 420 N.E. 9th Ave. City     | 116 Broward Blvd.<br>Ft. Lauderdale, Fla.    | 4 years                    |
| c) Harry F. Kestner  | 205 N.E. 1st street City   | 2200 E Sunrise Blvd.<br>Ft. Lauderdale, Fla. | 2 years                    |

43. List the names of any of your relatives who are now employed by the Federal Government

| NAME                  | RELATION | AGENCY BY WHICH EMPLOYED | LOCATION      |
|-----------------------|----------|--------------------------|---------------|
| a) Frances Carpinelli | cousin   | Veterans Administration  | New York City |
| b)                    |          |                          |               |
| c)                    |          |                          |               |

44. List names in FULL of any friends or acquaintances who are now employed in the Federal Bureau of Investigation. Give the name of the city in which they are working, or were working when you last heard from them.

| NAME IN FULL | LOCATION | LENGTH OF ACQUAINTANCE |
|--------------|----------|------------------------|
| a) none      | none     | none                   |
| b)           |          |                        |
| c)           |          |                        |

45. List chronologically ALL of your residences for the past 10 years

| FROM      | TO   | STREET                | APT. NO. | CITY                 | STATE |
|-----------|------|-----------------------|----------|----------------------|-------|
| ✓ a) 1943 | 1945 | 658 Main Street       | none     | Dalton               | Mass. |
| ✓ b) 1945 | 1948 | 676 East Street       | none     | Pittsfield           | Mass. |
| ✓ c) 1948 | 1950 | 1100 N.E. 7th Ave.    | none     | Ft. Lauderdale, Fla. | Fla.  |
| ✓ d) 1950 | 1951 | 507 N.E. 11th Ave.    | none     | Ft. Lauderdale       | Fla.  |
| ✓ e) 1951 | 1953 | 1335 N.E. 23th street | none     | Ft. Lauderdale       | Fla.  |
| f)        |      |                       |          |                      |       |
| g)        |      |                       |          |                      |       |
| h)        |      |                       |          |                      |       |
| i)        |      |                       |          |                      |       |
| j)        |      |                       |          |                      |       |
| k)        |      |                       |          |                      |       |
| l)        |      |                       |          |                      |       |



48. Are you single, married, widowed, separated or divorced? single  
 a) If divorced, give date of divorce none Place none Court none  
 49. Maiden name of wife or husband's full name: none  
 a) Occupation none Employer's name and address: none  
 b) wife's or husband's present address: none  
 c) Birthplace: none d) Date of Birth none e) Is he or she a U.S. citizen? none  
 f) Date of naturalization none g) Place none h) Court none  
 50. NAMES OF CHILDREN none AGE

NOTE: If you have been married more than once, give the above information concerning each former husband or wife, even though a relative is deceased, give all information requested, and indicate last residence and year of death. Include step-brothers and sisters, and if you or your wife or husband have step-parents, legal guardians, or others who have raised you instead of your parents the requested information should be furnished concerning them as well as your real parents:

RELATIVES

|  | FULL NAME          | ADDRESS               | AGE | PLACE OF BIRTH   | OCCUPATION         | DATE & PLACE OF NATURALIZATION |
|--|--------------------|-----------------------|-----|------------------|--------------------|--------------------------------|
| 51. FATHER                                       | Joseph Piccolo     | 1636 N.E. 20th street | 48  | Naples, Italy    | driving instructor | Pittsfield Mass.               |
| 52. MOTHER                                       | Irene Anna Piccolo | 1636 N.E. 20th Street | 44  | Yonkers N.Y.     | housewife          | none                           |
| 53. BROTHERS AND SISTERS                         |                    |                       |     |                  |                    |                                |
| a)   | Francis Donald     | same                  | 11  | Pittsfield Mass. | student            | none                           |
| b)   | Louis Brian        | same                  | 9   | Pittsfield Mass. | student            | none                           |
| c)   |                    |                       |     |                  |                    |                                |
| 54. WIVES OR HUSBANDS OF BROTHERS OR SISTERS     |                    |                       |     |                  |                    |                                |
| a)   | none               | none                  |     | none             | none               | none                           |
| b)   |                    |                       |     |                  |                    |                                |
| c)   |                    |                       |     |                  |                    |                                |
| 55. FATHER-IN-LAW                                |                    | none                  |     | none             | none               | none                           |
| 56. MOTHER-IN-LAW                                |                    | none                  |     | none             | none               | none                           |
| 57. BROTHERS AND SISTERS OF YOUR HUSBAND OR WIFE |                    | none                  |     | none             | none               | none                           |
| a)   |                    | none                  |     | none             | none               | none                           |
| b)   |                    |                       |     |                  |                    |                                |
| c)   |                    |                       |     |                  |                    |                                |
| d)   |                    |                       |     |                  |                    |                                |
| 58. OTHERS (indicate relation - see note above)  |                    |                       |     |                  |                    |                                |
| a)   |                    | none                  |     | none             | none               | none                           |
| b)   |                    |                       |     |                  |                    |                                |
| c)   |                    |                       |     |                  |                    |                                |



50. List all clubs, societies or organizations of which you are a member

a) Jewell-Cavitan Club Location Ft. Lauderdale  
b) \_\_\_\_\_ Location \_\_\_\_\_  
c) \_\_\_\_\_ Location \_\_\_\_\_  
d) \_\_\_\_\_ Location \_\_\_\_\_

| 60. Foreign languages | Speak       | understand  | read        | write       |
|-----------------------|-------------|-------------|-------------|-------------|
| a) <u>none</u>        | <u>none</u> | <u>none</u> | <u>none</u> | <u>none</u> |
| b)                    |             |             |             |             |
| c)                    |             |             |             |             |

Indicate your proficiency in each phase of each language as "slight" "good" "fluent"

61. List any special abilities you have, or avocations at which you are proficient with degree of proficiency.

Ability at public speaking. Ability to hold chauffeurs license.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach photograph here  
securely with paste,  
tape or staples

Attach an unmounted full face photograph of yourself,  
not larger than 2 3/4 x 2 1/2 inches. Print your name  
plainly on the back of the photograph. The photograph  
must have been taken not more than 3 months prior to the  
date of this application.  
NO APPOINTIVE CONSIDERATION WILL BE AFFORDED ANY AP-  
PLICANT UNLESS SUCH A PHOTOGRAPH IS FURNISHED.

I understand that all appointments are probationary for a period of one  
year, during which time the employee must demonstrate his fitness for continued  
employment by the Federal Bureau of Investigation. I also understand that any  
appointment tendered me will be contingent upon the results of a complete character  
and fitness investigation, and I am aware that willfully withholding information  
or making false statements on this application will be the basis for dismissal from  
the service. I agree to these conditions, and I hereby certify that all statements  
made by me on this application are true and complete, to the best of my knowledge.

Respectfully,

[Signature]  
(Signature of the applicant as usually written)



Question #40.

Jan. 10, 1953, Ft Lauderdale, Fla, Traffic court, Joseph Piccolo-City of Ft  
Lauderdale, Fla. Traffic violation, Fined \$ 10.00.

